

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Infirmary 5800 Arsenal St.  
(d) Length of stay: In hospital or institution. Twenty three days.  
In this community. Twenty three days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri  
(b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1421 Hogan St.  
(e) Citizen of foreign country? American  
If yes, name country

3. (a) PRINT FULL NAME Clarence Ovitt

3. (b) If veteran, name war ? 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased. ? ? 1856  
(Month) (Day) (Year)

8. AGE: Years 82 Months ? Days ? If less than one day hr. /min.

9. Birthplace Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

12. Name Clarence Ovitt

13. Birthplace Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Mark Hunter  
(City, town, or county) (State or foreign country)

15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Hannon

(b) Address 5800 Arsenal St.

17. (a) (b) Date thereof Feb. 25 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's

18. (a) Signature of funeral director

(b) Address MAR 4 1942 (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 2nd 1942  
19 to Feb. 25th, 1942 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration

Due to Bronchial asthma  
Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Loren Blaney (M. D. or other) MA

Address 5800 Arsenal St. Date signed 3-2-42

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*M. J. Crawford*  
.....  
Licensed Embalmer No. *2622*  
.....

P. O. Address *7146 Newmarket*  
.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**