

FILED MAR 10 1942

Registration District No. **7840**

Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 hrs. 15 min.**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**  
(c) City or town **Riverview Gardens**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10050 Jeffrey Dr.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Allie Clement**

3. (b) If veteran,

name war **unknown**

3. (c) Social Security

No. **unknown**

4. Sex **female** / 5. Color or race **white**  
6. (b) Name of husband or wife **Ernest Clement**  
7. Birth date of deceased **Sept. 27 1893**  
(Month) (Day) (Year)

5. (a) Single, widowed, married, divorced **married**  
6. (c) Age of husband or wife if alive **58** years

8. AGE: Years **48** Months **4** Days **30**  
If less than one day  
hr. min.

9. Birthplace **Dudley Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Frederick Benton**  
13. Birthplace **Unknown England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Clement**  
(b) Address **10050 Jeffrey Dr.**

17. (a) **Burial** (b) Date thereof **3-2-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Bethlehem Cem.**

18. (a) Signature of funeral director **Math. Hermann & Son**  
(b) Address **2161 E. Fair**

19. (a) **FEB 27 1942** (b) **E. G. Mc. Danard**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26**  
year **1942** hour **5** minute **:15 A.M.**

21. I hereby certify that I attended the deceased from **2-25-42**  
to **2-26-42**  
that I last saw her alive on **2-26-42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
Duration **2 yrs**

Due to **93d**  
Due to \_\_\_\_\_

Other conditions **Pulmonary edema** **2 day**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Enlarged hrt, pulmonary edema**  
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 **E. G. Mc. Danard** (M. D. or other) **3**  
Address **St. Louis County Hosp.** Date signed \_\_\_\_\_

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

**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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St Louis mo

**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.**