

FILED JUN 22 1942

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Admitted 4/6/42
(Specify whether years, months or days)
In this community Since 4/6/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. St. Francis Hotel, 6th & Chestnut
(If rural, give location) Sts.
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Thomas T. Clinton

3. (b) If veteran, name war WORLD 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased February 17 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 25 If less than one day - hr. - min.

9. Birthplace Near Charleston, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Street peddler

11. Industry or business -

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Brks. Mo.

17. (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director. KRIEGSHAUSER MORTUARIES

(b) Address 4228 S. Kingshighway S. St. Louis, Mo.

19. (a) JUN 15 1942 (b) G. G. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from April 6, 1942, to June 12, 1942
that I last saw him im alive on June 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and ~~stx~~ myocardial insufficiency.

Duration

Unknown

Due to -

Other conditions -
(Include pregnancy within 3 months of death)

Major findings:

Of operations -

Of autopsy No autopsy

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) Accidents of injury ①

23. Signature L. H. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 6/13/42

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

600

MOTHER FATHER

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

Reinhold K. Lehmann

Licensed Embalmer No. *3395*

P. O. Address.....

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.