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S. No. 2
M-9-4-41
v. 5-17-39
I X29484

19464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 20 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5995

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 Days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3937 WASHINGTON BLVD.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Clingan

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex FEMALE / 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WILLIAM CLINGAN

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

7. Birth date of deceased. APRIL 20, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 2 24 hr. min.

9. Birthplace MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

MOTHER FATHER { 12. Name JAMES L. LEWIS

13. Birthplace MO. 0
(City, town, or county) (State or foreign country)

14. Maiden name MARY L. JAMISON

15. Birthplace MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRANK W. PERCY

(b) Address 4825 SHERIDAN RD. Chicago Ill

17. (a) BURIAL (b) Date thereof. 7-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 15 1942 (b) J. F. Brueck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14,
year 1942 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1942 to July 14, 1942
that I last saw her alive on July 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertensive heart disease

Due to.....

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

Major findings: Of operations.....

Of autopsy was refused

Duration

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) () Means of injury 0

23. Signature Dr. J. Mad (M. D. or other).....
Address 1515 Lafayette Avenue. Date signed 7/15/42

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

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Embalmer's Separate Certificate of Embalment

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.....

Licensed Embalmer No.....

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.

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