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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED NOV 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2208

1. PLACE OF DEATH:

(a) County St. Louis County

(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 Adm. Oct. 16, 1942 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2703 Stoddard Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Clinton Ealy

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. 413-07-6967 ~~Yes - not remembered~~

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mabel

6. (c) Age of ~~husband or~~ wife if alive 32 years

7. Birth date of deceased December (Month) 10, (Day) 1893 (Year)

8. AGE: Years 48 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alice Selongs

(b) Address Actg. Cl. Clerk, VAF, Jeff. Bks., Mo.

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM. JEFF. BARRACKS MO

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St.

19. (a) OCT 26 1942 (Date received local registrar) (b) C. G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st, year 1942 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from October 16, 1942 to October 21, 1942 that I last saw him alive on October 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death SEPTICEMIA, GENERALIZED, due to: ABSCESS, PERINEAL, WITH CELLULITIS, PERINEUM, SCROTUM, PENIS, AND LOWER ABDOMEN (COLON BACILLUS INFECTION).

Duration Unknown

Due to -

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operations Incision and drainage, perineal abscess, 10/17/42.

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? (Specify type of place)

While at work? (e) Means of injury

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

Address CHIEF MEDICAL OFFICER Date signed 10/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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.