

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 21 1942

318

Registrar's No. 10289

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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 23 Days
(Specify whether)
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2903 N. Grand Blvd.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8,
 year 1942 hour 9:25 minute 00 P.M.
 21. I hereby certify that I attended the deceased from November
16, 1942 to December 8, 1942;
 that I last saw him alive on December 8, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease
 Duration 12

Due to 9:25

Due to 9:25

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

Major findings:
 Of operations Refused

Of autopsy Refused

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) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
(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? 0
(Specify means of injury)

23. Signature Drew on Peterson (M. D. or other)
 Address 1515 Lafayette Avenue Date signed 12/9/42

3. (a) PRINT FULL NAME Alonzo L. St. Clair

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

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

6. (b) Name of husband or wife Nettie Epperson 6. (c) Age of husband or wife if alive 62 years
March 2 1873

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

8. AGE: Years Months Days If less than one day
69 9 6 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Lighting Dept.

11. Industry or business City of St. Louis

12. Name John M. St. Clair

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

14. Maiden name Sophia

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

16. (a) Informant Nettie St. Clair

(b) Address 2903 N. Grand Blvd.

17. (a) Cremation (b) Date thereof 12-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) J. F. Budeck (b) (Registrar's signature)
(Date received) (City or town) (State)

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

MOTHER FATHER

REC 10 1942

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..... *Fred Frick*

Licensed Embalmer No..... 3186

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.