

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 310

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2020th Cole, ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 1241
(c) City or town ST. LOUIS 941
(If outside city or town limits, write "RURAL")
(d) Street No. 2020th Cole, ST.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME CLARA CAIRNE

3. (b) If veteran, No name war:

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race C 6. (a) Single 1 divorced MARRIED

6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 7-26-1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 10 If less than one day hr. min.

9. Birthplace ARLINGTON Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name Charlie Thomas

13. Birthplace Milborn Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name BETTY ELLISON

15. Birthplace Milborn Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Thomas

(b) Address 2020th Cole, St.

17. (a) BURIAL (b) Date thereof 1-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennedove

(b) Address 3103 Washington

19. (a) JAN 17 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1943 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

Immediate cause of death Coronary Occlusion (Thrombosis)

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Alfred Perry (M. D. or other)

Address Resident Date signed 1/7/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4221st Cote Brilliant

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.