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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAY 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3948

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 13 Days
8 yrs. (Specify whether
years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2757 Ceyer Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Elmer Edward Clary

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2,
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from March
21, 1943, to April 2, 1943
that I last saw him alive on April 2, 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: January 11, 1874
(Month) (Day) (Year)

Immediate cause of death Infarction of the myocardium

Due to Arteriosclerotic Coronary Thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death) 9H

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>22</u> hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Charles Clary

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

14. Maiden name Annie Nelson

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

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital

17. (a) (b) Date thereof 21 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) APR 28 1943 J. F. Bedeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy as above

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) no

(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) Means of injury

23. Signature W. J. Dark (M, D, or other) MD
Address 1515 Lafayette Avenue Date signed 4/3/43

(Licensed Embalmer's Statement on Reverse Side)

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

844

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.