

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

FILED JUL 31 1943 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **6635**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Homer G Phillips Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 days**
 In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3114 Brantner Pl**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Philmano McClinton**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **20**
 year **1943** hour **12** minute **05 A. M.**
21. I hereby certify that I attended the deceased from **7-8** 19**43** to **7-20** 19**43**
 that I last saw h. **er** alive on **7-20** 19**43**
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or Race** **Negro**
6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **Jessie M. Clinton** **6. (c) Age of husband or wife if alive** **40** years
7. Birth date of deceased **3rd** **14** **1909**
 (Month) (Day) (Year)

Immediate cause of death
Autopsy: Bronchopneumonia
Cardiac Hypertrophy
 Due to **Nephrosclerosis**

Duration
Terminal
Unknown
Unknown

8. AGE: Years **34** Months **5** Days **6** If less than one day _____ br. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Flemings**

13. Birthplace **Memphis** **Tenn**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary** **Jatum**

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

16. (a) Informant **Jessie M. Clinton**
(b) Address **3114 Brantner Pl.**

17. (a) Removal **(b) Date thereof** **7-20-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Mary Wade**
(b) Address **4202 Finney Ave**

19. (a) **JUL 22 1943** **J. B. Anderson**
 (Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) **1/21**

Major findings: Of operations _____

Of 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. B. Anderson** (M. D. or other) **7/21/43**
Address **2601 N. Whittier St** **Date signed** _____

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: *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

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.