V. S. No. 2
00M—2-43
5-17-39
1 X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6325

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos. 26 ds. (Specify whether
In this community 26 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2203 Carr St.
(If rural, give location)

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

3. (a) PRINT FULL NAME CLYDE SOUTHERN

3. (b) If veteran, name war -

3. (c) Social Security No. 493-05-8220

4. Sex male

5. Color or race negro 2

6. (a) Single, widowed, married, divorced sep. 1

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Sept. 10, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	9	29	hr. min.

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

10. Usual occupation laborer

11. Industry or business no

FATHER
12. Name Louis Southern
13. Birthplace unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Minerva Boyd
15. Birthplace unknown (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5300 Arsenal St

17. (a) (Burial, cremation, or removal) (b) Date thereof 7 16 43 (Month) (Day) (Year)

(c) Place: burial or cremation Canton Miss

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard

19. (a) JUL 13 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9, year 1943 hour 3:00 minute Op. M.

21. I hereby certify that I attended the deceased from 11-13-42, 19 to 7-9-43, 19 ; that I last saw him alive on 7-9-43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insame 1942x

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30

Major findings:
Of operations

Of autopsy

Duration

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 Anthony K. Bucal (M. D. or other)

Address 5300 Arsenal Date signed 7/10/43

(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.....

Licensed Embalmer No.....3522

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.