

S. No. 2
M. 2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39519
State File No. 118

FILED JAN 5 1944

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

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:
5473 Enright 1
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 12
(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")
(d) Street No. 5473 Enright Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clemencia D. Black
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21
year 1943 hour 8:15 minute A.M.
21. I hereby certify that I attended the deceased from Nov. 6
1942, to Dec. 20, 1943
that I last saw her alive on Dec. 20, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Dissection

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 22 - 1853
(Month) (Day) (Year)

Due to Severe Debility / 21
Due to _____
Other conditions Interstitial Nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
90 5 29 hr. min.
9. Birthplace: St. Louis MO - 1
(City, town, or county) (State or foreign country)
10. Usual occupation _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name William M. Black
13. Birthplace Ills 1
(City, town, or county) (State or foreign country)
14. Maiden name Eizabeth Dale
15. Birthplace Ills 1
(City, town, or county) (State or foreign country)
16. (a) Informant Malcolm Black
(b) Address 9831 Perrin, Ferry MO
17. (a) Removed (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.
18. (a) Signature of funeral director Paul H. Bass Inc
(b) Address Kirkwood MO.
19. (a) DEC 20 1943 (b) J. F. Bredeck
(Date received local notification) (Registrar's signature)

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 Jesse S. Sargent (M. D. or other) MO
Address St. Louis MO Date signed 12/21/43

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

11606

11606

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address. Kirkwood 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.