

No. 2
5-43
17-39
X3667

FILED MAY 20 1944
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **4321**

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:
St. Martin Des Loge Hospo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Clemons, Harvey Lee

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased May 6, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 0 3 hr. min.

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

10. Usual occupation Pullman Conductor

11. Industry or business Railroad

12. Name Robert Allen Clemons

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

14. Maiden name Cynthia Cash

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

16. (a) Informant Mr. Nellie Jones

(b) Address 6027 Karache Ave.

17. (a) Burial (b) Date thereof May 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley, Missouri

18. (a) Signature of funeral director Chas. A. Dulle

(b) Address 4457 Washington St.

19. (a) MAY 10 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis

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

(d) Street No. 458 Washington St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from 5-1
19 44 to 5-9, 19 44;
that I last saw him alive on 5-9, 19 44;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Carcinoma of stomach Duration 13 hrs.

Due to.....

Due to..... 46

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

Major findings: Perforated Ca. of stomach & shock

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 D. V. Costa (M. D. or other) M.D.
Address 1325 S. Grand Date signed 5/9/44
St. Martin Des Loge Hospital

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

MOTHER, FATHER

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 *John Letter*.....

Licensed Embalmer No. *3880*.....

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.