

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

FILED JUN 1 1944 318
Registration District No. 318

Primary Registration District No. 1003

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: 6916 Bradley Ave. 1
(If not in hospital or institution, write 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 000
(c) City or town St. Louis 173
(If outside city or town limits, write "RURAL") 93
(d) Street No. 6916 Bradley Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLARENCE E HOSEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Caroline Hosey 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 26 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Railway mail clerk

11. Industry or business retired 6 yrs.

12. Name unknown Hosey

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

14. Maiden name Carole Creek

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

16. (a) Informant Caroline Hosey

(b) Address 6916 Bradley Ave.

17. (a) Burial (b) Date thereof 5-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Will Cemetery

18. (a) Signature of funeral director Wegmann Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) MAY 21 1944 (b) J. J. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1944 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from Oct. 17-1938
to May 22 1944
that I last saw him alive on May 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary Occlusion 24 hrs
Due to _____
Progressive Paralysis. 6 yrs
Due to _____

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

Major findings: _____
Of operations PH
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. P. Hammer (M. D. or other) _____
Address 6200 Columbia Date signed 5/24/44

Mr. J.P. Stennick
6200 Columbia Ave.

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 *Richard W. Stennick*

Licensed Embalmer No. *4007*

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.