V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26412

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7335

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: 1335 Glasgow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1335 Glasgow
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SAVADA McCLENTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Col 3

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 30 (Day) 1894 (Year)

8. AGE: Years 70 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Home Work Home

11. Industry or business

FATHER
12. Name ? Sanders
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SAVADA
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Obadiah Jones
(b) Address 1335 Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 24 44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave

19. (a) AUG 23 1944 (Date received local registrar) (b) J. F. Brasleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1944 hour 1 minute 31 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) 94 a	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry 3 (M. D. or other)

Address Supply Common Date signed 8/23/44

(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. 2963

P. O. Address 2915 Franklin

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.