

FILED SEP 30 1944

1003

Registrar's No. 8028

Registration District No.

Primary Registration District No.

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:
2005 no. Florissant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. No
In this community 25 Years
years, months or days (Specify whether)

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")
(d) Street No. 2005 No. Florissant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARK EARNEST MASSEY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July 27th 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Steelville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business Curtis-Wright

12. Name Albert Massey
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Margaret Skeif
15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant Floyd Massey
(b) Address 2108 No. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) SEP 19 1944 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th
year 1944 hour 1 minute _____ P. M. _____

21. I hereby certify that I attended the deceased from one call 3 weeks ago, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Externa
Duration _____

Due to 07/19/44
Due to 19/74

Other conditions (Include pregnancy within 9 months of death) _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address 2108 No. 14th St. Date signed 9-18-44

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

MOTHER, FATHER

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 L. R. Cooper.....

Licensed Embalmer No. 3633.....

P. O. Address 2317 Lafayette.....

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.