

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 16 1948
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
Residence; 709 Skinker Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 709 Skinker Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Eleanor E. Claggett.

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1945 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov 15 1945 to Jan 4 1945
that I last saw him alive on Jan 2 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William N. Claggett.

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

7. Birth date of deceased March 4th 1875
(Month) (Day) (Year)

Immediate cause of death

Angina pectoris 3 years

Coronary artery sclerosis ?

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

69 10 --- hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation At home

11. Industry or business _____

12. Name Albert G. Evans.

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

14. Maiden name Cloyma Walker.

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

16. (a) Informant Charles E. Claggett.

(b) Address 709 Skinker Ave.

17. (a) Burial (b) Date thereof 1-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JAN 5 1945 (b) _____
(Date received local registrar) (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? _____

23. Signature Samuel P. Grant (M. D. or other) _____
Address 114 N. Taylor Ave Date signed 1/4/45

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

MOTHER FATHER

MAY 4 1945

1701

1 No 4 Pm

93-8600
114 No. Taylor

Dr. Samuel B. Hunt

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

Bradford A. Miles

Licensed Embalmer No. *2901*

P. O. Address *University City, 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.