V. S. No. 2
100M—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
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 689

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town St Louis 9 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2504 Belt
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Clemons

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

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LENA CLEMONS 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased UNKNOWN (Month) (Day) 1901 (Year)

8. AGE: Years ABT, 43 Months - Days - If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABOR

11. Industry or business PUBLIC SERVICE

FATHER
12. Name HENRY CLEMONS
13. Birthplace TENNESSEE (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name SUSIE WILLIS
15. Birthplace TENNESSEE (City, town, or county) 1 (State or foreign country)

16. (a) Informant Lena Clemons
(b) Address 2804 Belt ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N Taylor ave

19. (a) JAN 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from January 14, 1945 to January 18, 1945;
that I last saw him alive on January 18, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	Term
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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 Alva Moore (M. D. or other) 0
Address 2601 N. Whittier St. Date signed 1-22-45

(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 Fulton E. Culkin

Licensed Embalmer No. 7198

P. O. Address 1215 James St Peoria Ill

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.