

S. No. 2
DM--2-43
v. 5-17-39
X35697

Registration District No.

318

Primary Registration District No.

10005

5072

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

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 3 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 175
(d) Street No. 5405 Vernon Ave. (If rural, give location) 75
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clyde Douglas

3. (b) If veteran, name war Nil

3. (c) Social Security No. 303-14-8741

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Gail Douglas 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased January 18 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 20 hr. min.

9. Birthplace Cave-in-Rock Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

12. Name Thomas J. Douglas

13. Birthplace Cave-in-Rock Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Nora McDowell

15. Birthplace Cave-in-Rock Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gail Douglas

(b) Address 5405 Vernon Ave.

17. (a) Removal (b) Date thereof 7-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave-in-Rock, Ill.

18. (a) Signature of funeral director Albert HJ Hoppe

(b) Address 400 Washington Blvd.

19. (a) JUL 9 1945 (Date received by registrar) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1945 hour 12 minute 108 M.

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

Immediate cause of death: Coronary Occlusion
Coronary Sclerosis
Due to HTA
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Patricia E. Taylor (M. D. or other) _____
Address Deputy Coroner Date signed 7. 9. 45

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..... *R. W. Wilkins*.....
Licensed Embalmer No. *3571*.....
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.