

FILED DEC 21 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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:
Northwestern Hotel, 4919 Natural Bridge Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Ellen H. Clemson**

3. (b) If veteran, name war **No** **3. (c) Social Security** No. **None**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married,** divorced **Widowed**

6. (b) Name of husband or wife **John W. Clemson** **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased **January 21, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	10	18	hr. 1 min.

9. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER { **12. Name** **John Harris**

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

14. Maiden name **Winifred Baldwin**

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

16. (a) Informant **Georgia Williams**
(b) Address **Oran, Missouri.**

17. (a) **Removal** **(b) Date thereof** **Dec. 10, 1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oran, Missouri**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(b) Address **4828 Natural Bridge Blvd.**

19. (a) **DEC 21 1945** **J. F. Bruck**
(Date received local health officer's report) (Registrar's signature)

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. **4919 Natural Bridge Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9th**
 year **1945** hour **9:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 14**, 19**43**, to **Dec. 9**, 19**45**;
 that I last saw her alive on **December 8**, 19**45**;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **perforatory edema, acute** **24 hrs.**

Due to **congestive heart failure** **48 hrs.**

Due to **vascular hypertension** **years**
infarcted myocardium
arteriosclerosis **years**

Other conditions: _____
(Include pregnancy within 3 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? _____

23. Signature **Ray David Williams** (M. D. or other) _____
 Address **114 N. Taylor, St. Louis, Mo.** Date signed **12/10/45**

714 N. Taylor Ave. 10/10/31-
9:15 AM
Johnston
Beck

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 Ralph Lunders
Licensed Embalmer No. 4275
P. O. Address St. Louis, 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.