

**FILED MAR 21 1946**  
**318**

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **1979**

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 20 Hrs. 35 Mins.  
(Specify whether  
In this community.....  
years, months or days)

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. 920 Elliot (Rear)  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Courtney Clemons

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

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

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

7. Birth date of deceased 1 - 21 - 46  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 hr. 35 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
12. Name.....  
13. Birthplace.....  
14. Maiden name Marie Clemons  
15. Birthplace Grand Chain, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Sherwood, M.D.  
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof FEB 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson  
(b) Address City Health Dept

19. (a) FEB 23 1946 (b) J. F. Budesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22  
year 1946 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from 9:00 A.M.  
1 - 21 1946 to 5:35 A.M. 2-22-46  
that I last saw him alive on 1 - 22, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Injury at Birth: Difficulty at Birth.

Due to.....  
Due to.....  
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?

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

23. Signature B. H. Bawser (M. D. or other)  
Address 2601 N. Whittier Date signed 2-23-46

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

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**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.....

Licensed Embalmer No.....

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.**