No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14944
4187

FILED MAY 1 1947

Registration District No. 318 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: 6932 Garner 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6932 Garner
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sue Brown Clendenin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 12 (Day) 1856 (Year)
8. AGE: Years 90 Months 3 Days 10 If less than one day hr. min.
9. Birthplace Eden, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business
MOTHER FATHER
12. Name Dolphus Brown
13. Birthplace Vermont (City, town, or country) (State or foreign country)
14. Maiden name Mathilde Wylie
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Bernice Rook
(b) Address 6932 Garner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ###### Lakewood Park
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.
19. (a) APR 23 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 11, 1942, 19..., to April 21, 1947; that I last saw her alive on April 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	12 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiovascular Disease	
Senility	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Arthur M Westrup (M. D. or other)
Address 204 E. Big Bend Date signed 4/21/47

Jefferson City Printing Co.

(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 3457 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address 7456 Mandeville

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.