. No. 2
—1/47
5-1-39

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. 15001

FILED MAY 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4605

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 11 days (Specify whether
In this community 2 years 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. 3637 Finney
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence Dinwiddie
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maner Dinwiddie
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Sept. 17, 1905 (Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Hickman Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Laberer
11. Industry or business

FATHER
12. Name Albert Dinwiddie
13. Birthplace Paris, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Williams
15. Birthplace Woodly Mills, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Maner Dinwiddie
(b) Address 3637 Finney Ave.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof May 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hickman, Ky.
18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (a) MAY 6 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 4-23, 1947 to 5-4, 1947 that I last saw him alive on May 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia (duration 5 days)	
Due to (a) Renal Calculous Disease of right Kidney with Obstruction	
Due to (b) Acute Pyelonephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Daniel W. Brown M.D. ~~D.O. or other~~
Address 2601 N Whittier Date signed 5/5/47

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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.