

FILED FEB 20 1948  
Registration District No. 918

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:  
Christian Hospital  
(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 Charles A. St. Clair

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

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

6. (b) Name of husband or wife Louise Bingesser St. Clair 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 16, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 11 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Watchman

11. Industry or business \_\_\_\_\_

12. Name Charles C. St. Clair

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

14. Maiden name Anna Marie Hember

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

16. (a) Informant Louise St. Clair

(b) Address 4151 Lee Ave

17. (a) Burial (b) Date thereof 2/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) FEB 11 1948 (b) J. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aa-c  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4151 Lee Ave  
10 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 10,  
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 8  
8 1948, to Feb 10 1948;  
that I last saw him alive on Feb 10 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Wremia Duration 1 day

Due to Carbosis of the liver

Due to Abscess umbilical hernia

Other conditions 1/24  
(Include pregnancy within 3 months of death)

Major findings: Abscess umbilical hernia  
Of operations incised

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 0

23. Signature J. Braden (M. D. or other)

Address 3742 Grand Blvd Date signed 2/13/48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

88-2202

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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 *Samuel Hoffman*  
Licensed Embalmer No. *4366*  
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.**