S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10054

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2625

1. PLACE OF DEATH:

(a) County:
(b) City or town: St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~4053 West Bell~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community: 35 years (Specify whether years, months or days)

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.: 4055 West Bell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma Clopton
3. (b) If veteran, name war: —
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 16 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 26 If less than one day hr. min.

9. Birthplace: Charleston S. Carolina (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): John Coleman
13. Birthplace (Father): Akron S. Carolina (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Silveretta Mears
15. Birthplace (Mother): Charleston S. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond Clopton
(b) Address: 4055 West Bell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem.
18. (a) Signature of funeral director: Manuel
(b) Address: 4059 Finney Ave.
19. (a) MAR 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1948 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4-1 1948 to 3-12 1948 that I last saw he alive on 3-12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to: Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: W. C. Dailey (M. D. or other)
Address: 9414 Dr. Date signed:

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.