

FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17471

State File No. 4570

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 5364 Vernon Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 5364 Vernon Ave.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3: (a) PRINT FULL NAME Myrtle Clemons

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 Married

6: (b) Name of husband or wife Ade 6: (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 23, 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Southerland

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

14. Maiden name Ida Allen Acuff

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

16: (a) Informant Ade Clemons

(b) Address 5364 Vernon Ave.

17: (a) Burial (b) Date thereof 5-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Lick Mo.

18: (a) Signature of funeral director J. F. Brudeck
(b) Address 1225 Union Blvd.

19: (a) MAY 17 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from May 11 to May 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach 2yr+

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

23. Signature John G. Sumney (M. D. or other)

Address 1514 Thebes av Date signed 5-17-48

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

MOTHER FATHER

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 *Gustav W Dietrich*

Licensed Embalmer No. *4329*

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.