

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35076
Registrar's No. _____

Registration District No. 377

Primary Registration District No. 3-6-6-6-96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER
Dr. Weathers 704 E. Big Bend

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town R.R. #13 Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Doughtery Ferry Rd
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town R.R. #13 Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Doughtery Ferry Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Fred S. Clamors

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 Amelia Clamors 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 11 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 3 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fred C. Clamors

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

14. Maiden name Sabina K. Bopp

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

16. (a) Informant Mrs. Amelia Clamors
(b) Address R.R. #13 Kirkwood 22 Mo.

17. (a) Burial (b) Date thereof 10/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Meyer Pfitzinger
(b) Address Kirkwood 22 Mo

19. (a) 10-15-48 (b) Paul A. Sharp, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from 9-8-39, 19____, to 10-14-48, 19____;
that I last saw him alive on 10-14-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 9 mths
Due to multiple metastasis of abdomen 7 mths

Due to _____
Other conditions (Include pregnancy within 3 months of death) 466

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Arthur W. Weathers (M. D. of _____)
Address 204 E. Big Bend Date signed 10-15

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Kirkwood 227th

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.