FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17160

State File No. 4779

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4460a Easton Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17
d. STREET ADDRESS (If rural, give location): 1821 Rear Biddle Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Clemmons

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1949

5. SEX: male 9
6. COLOR OR RACE: col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-16-1853
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Point Va
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: C Bolley Bates
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Annie Clemmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: CUrtis Allen — ADDRESS: 2945a Ca ss Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 1 wk

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 83 V

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/24, 1949, *to* 5/26, 1949, *that I last saw the deceased alive on* 5/25, 1949, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. H. Wood, M.D.
23b. ADDRESS: 444 8th Easton
23c. DATE SIGNED: 5/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: June 1 1949
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis, Co Mo.

DATE REC'D BY LOCAL: MAY 31 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: J.H.Randle & Son — ADDRESS: 3133 Bell Ave

(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, [redacted] ....., Student Embalmer No. .....

working under my personal supervision.

Signed L. J. Hatson

Signed .....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.