

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

529
Do not use this space.

FEB 12 1938

791
1003

385

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. St. Anthony Hospital Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANK CLEMENT, 455
(a) Residence, No. 3849a Alberta Avenue. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs. M. J. Cunningham 3849a Alberta Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED Jan 11 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to Jan. 10, 1938
I last saw him alive on Jan. 9, 1938 Death is said to have occurred on the date stated above, at 3:45 A. M.
The principal cause of death and related causes of importance were as follows:
Empyema (right lung)
Gangrene (right lung)
Bilateral Bronchiectasis
Empyema - non T. B. and not pneumonia
Other contributory causes of importance:
Caused by Bronchiectasis

Name of operation 1066 Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Dwight Benjamin M. D.
(Address) 7408 1/2 Michigan Ave

Date of onset
Jan 11/38
Jan 5/38

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hamilton....., Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Leonard Hamilton

Licensed Embalmer No. 2967

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.)