

REC'D MAR 14 1938

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

5398
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis MO** (d) Street No. **Enroute to City Hospital #1** Registered No. **2043**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Charles Edgar Clanton 453
(a) Residence, No. **910 Beyer** St. **23**
(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: **M** 4. COLOR OR RACE: **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: **Ida Clanton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **July 26, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: **Labor**
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): **Olmstead Illinois**

FATHER 13. NAME: **Wm Jackson Clanton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Cardoni Illinois**

MOTHER 15. MAIDEN NAME: **Henrietta Spenc**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Cardoni Illinois**

17. INFORMANT (ADDRESS): **Ida Clanton 910 Beyer**

18. BURIAL, CREMATION, OR REMOVAL PLACE: **Mounds Hill** DATE: **Feb 28 1938**

19. FUNERAL DIRECTOR (ADDRESS): **Mullen Bros 4359 Lindell Blvd**

20. FILED: **FEB 27 1938 J.P. Budiek Local Registrar**

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **Feb 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him..... alive on....., 19____. Death is said to have occurred on the date stated above, at **9:05 A.M.** The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
Arteriosclerosis.

Other contributory causes of importance: **PGE**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No.**

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? **No.**
If so, specify.....
(Signed) **Joseph M. Junt, M.D.**
(Address) **Deputy Coroner**

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,

Thomas R. Fenwick

Licensed Embalmer No.

3793

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

myself

L. E.

No.

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Thomas R. Fenwick

Licensed Embalmer No.

3793

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.)