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.

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

DEC 8 DEC 12 1938

37150
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9477
(c) City St. Louis, Missouri (d) Street No. ..... City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 66 yrs. 3 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

455

2. PRINT FULL NAME John Clement
(a) Residence, No. 3421 a Klein St St. 26
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-11-1872

7. AGE: YEARS 66 | MONTHS 3 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Stove Foundry
10. Date deceased last worked at this occupation (month and year) Oct. 1924
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0

FATHER
13. NAME: John Clement
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Anna Cutter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri. 0

17. INFORMANT (ADDRESS): W. B. Varner M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: CEM.
PLACE FRIEDENS DATE Nov 2 D 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Edward Koch 3516 N 14TH St

20. FILED NOV 1 1938, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-30-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jul7 1, 1938, 19 to 10-30-38, 19
I last saw him alive on 10-30-38, 19 Death is said to have occurred on the date stated above, at 10:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia 10-16-38	

Other contributory causes of importance:
Chronic Myocarditis with decompensation 7-1-38x
Carcinoma of Esophagus 7-1-38

Name of operation ..... 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) W. B. Varner, M. D.
(Address) City Sanitarium

(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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106 9 Botanic

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

If this body is not embalmed, above space should be left blank.