

DEC 11 1938

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

41366  
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 1003  
 (b) Township St. Louis Primary Registration District No. 11058  
 (c) City St. Louis (d) Street No. De Paul Hospital Registered No. 11058  
 (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 Sylvester Clinton

(a) Residence, No. 1961 Adelaide Ave. St. 9 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Anna Clinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Park Keeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. O'Fallon Park  
 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 Charles Clinton

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Anna Clinton  
1961 Adelaide Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Cemetery DATE Dec. 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John A. Genteman  
5077 Laurent Ave.

20. FILED DEC 25 1938 J. J. Bricker  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 23, 1938.

I last saw him alive on Dec 23, 1938. Death is said to have occurred on the date stated above, at 3:18 P.M.  
 The principal cause of death and related causes of importance were as follows:

Memia  
Chronic Nephritis  
Gout  
Rheum.

Date of onset Dec 21, 1938

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) R. R. Mearns, M. D.  
 (Address) 5330 Geraldine Ave

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 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.....

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4707 Washington Bldg*

**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, above space should be left blank.**