REC'D MAR 9 1939

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

5857
Do not use this space.

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1. PLACE OF DEATH

(a) County Boone — Registration District No. 73

(b) Township Columbia — Primary Registration District No. 3006 — Registered No. 34

(c) or City Columbia — (d) Street No. University Hospital 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 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Louie Climenson St Clair

(a) Residence, No. 612 Dysart St. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William S. St Clair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-17-1862

7. AGE: Years 76 — Months 5 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Topeka Kans.

FATHER
13. NAME: W. W. Climenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvia

MOTHER
15. MAIDEN NAME: Elizabeth Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvia

17. INFORMANT (ADDRESS): Wm Frank St Clair, Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Mo DATE 2-14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parker Furn Co, Columbia Mo

20. FILED 2/13/1939 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1938 to Feby 12, 1939
I last saw her alive on Feby 11, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure after coronary occlusion Dec 1st — Date of onset

Other contributory causes of importance: Arterio-sclerosis

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Name of operation: Ex-9 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) [signature] M. D.
(Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] me

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. D. McPeters

Licensed Embalmer No. 3893

P. O. Address Columbus m

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

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