S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 | 1003

State File No. 37383

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9656

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4361 FINNEY AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether 2
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4361 FINNEY AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LOTTIE CLEMENTS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race COLORED

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM CLEMENTS

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MARCH (Month) 31 (Day) 1883 (Year)

8. AGE: Years 57 | Months 7 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace MENPHIS (City, town, or county) TENNESSEE (State or foreign country) 1

10. Usual occupation HOUSEWIFE

11. Industry or business 9

FATHER
12. Name JESSIE LAWERENCE
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name LOTTIE JONES
15. Birthplace MENPHIS (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant William Clements
(b) Address 4361 Finney

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director C.W. Roberts
(b) Address 3035 Lucas ave

19. (a) NOV 25 1940 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1940 hour 11 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 11 - 19 40 to Nov 21 40, 19__; that I last saw her alive on Nov - 15 40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	10Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. Moore (M. D. or other)
Address 148 Franklin Date signed 11-23-40

(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 me Chas. Garner, Registered Apprentice No. 2349, working under my personal supervision.

Signed Chas. Garner

Licensed Embalmer No. 2349

P. O. Address

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.