

No. 2
4-13-40
5-17-39
I X23159

DVD FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

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:
1911 California Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Clarinda Belle Clemens

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 10 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>26</u>	hr. min.

9. Birthplace Courtois Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Harris Hunter
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Cole
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William McMullen
(b) Address 1911 California Ave.

17. (a) Burial (b) Date thereof 1/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. JAN 7 1941 (b) J.F. Bredt 1014
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 011
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 California Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from June 1, 1936
1936, to Jan 6 1940
that I last saw her alive on Jan 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work (Specify type of place) _____
(b) Means of injury _____
23. Signature John S. McSwain (M. D. or other) MD
Address 15014 Thekla Dr Date signed 1/7/41

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

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.....

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, fact should be so stated above.