

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16340

State File No. _____

3858

Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Christian Hospital
(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 Walter S. Clatterbuck

3. (b) If veteran, name war None
3. (c) Social Security No. 489-10-4904

4. Sex male (1)
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 19, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Tobacco worker
Liggett & Myers

11. Industry or business _____

12. Name Richard Clatterbuck

13. Birthplace West Va.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Holtz

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Clatterbuck
(b) Address 4310 Hunt

17. (a) Burial (b) Date thereof 5/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 6 1941 (b) J. T. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 Hunt
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1941 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 29, 1941 to May 5, 1941
that I last saw him alive on May 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Massive hemorrhage from stomach
Duration 5 hours

Due to Perforating Gastric ulcer?

Other conditions Probable Gastric Ulc
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy H/L
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) (e) Means of injury 0

23. Signature W. M. Cloain (M. D. or other) mds
Address 4356 Marneas Date signed 5/10/41

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Henry Eynck

Licensed Embalmer No.....
1284

P. O. Address.....
St Louis Mo

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.