

Registration District No. \_\_\_\_\_ 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: Missouri Baptist Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days (Specify whether  
In this community 50 Years years, months or days)

3. (a) PRINT FULL NAME HARRY C. CLEM  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Louise Clem 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 11, 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name David Clem

13. Birthplace Illinoise  
(State or foreign country)

14. Maiden name Mary Durst

15. Birthplace Pa 1  
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Emrie

(b) Address 2552 Avis Ave., Jennings, MO.

17. (a) Burial (b) Date thereof 1/23/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) \_\_\_\_\_ (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76  
(c) City or town St. Louis Jennings - NR 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5816 Hodiament Avenue 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21  
year 1942 hour 9 minute 30 PM.

21. I hereby certify that I attended the deceased from Jan 10 = 42  
\_\_\_\_\_ 19 to Jan 21 1942  
that I last saw her alive on Jan 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia 7 day  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Severely  
Of operations \_\_\_\_\_

Of autopsy none

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 \_\_\_\_\_

23. Signature C. White 0 (M. D. or other)

Address 634 N. Grand Date signed 1-23-42

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

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19  
9

PI X26300

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**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 *Ronald Hampton*

Licensed Embalmer No. *2967*

P. O. Address *H. Lewis, Md.*

**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.**