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No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
7752

FILED OCT 1 1942  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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 BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth 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 Married

6. (b) Name of husband or wife Edward Clemens

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

7. Birth date of deceased Dec. 16, 1883  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	1	hr. <u>15</u> min.

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

10. Usual occupation At home

11. Industry or business Housewife

12. Name Joseph Morris

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

14. Maiden name Saphronia Ogle

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

16. (a) Informant Edward Clemens

(b) Address 3308 Russell Blvd.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 9/19/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) SEP 18 1942  
(Date received local registrar)

J. F. Bredeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3308 Russell Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17<sup>th</sup>  
year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 8, 1942 to September 17, 1942  
that I last saw her alive on September 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Ileo-transverse Colostomy  
Malignant Neoplasm of Colon (Hepatic Flexure)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

3 days

7 days

Major findings: Malignant Neoplasm of Colon (Hepatic Flexure)

Of operations \_\_\_\_\_

Of autopsy were performed

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 Gene C. Tompkins (M. D. or other) 0

Address BARNES HOSPITAL Date signed 9-17-42

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

MOTHER FATHER

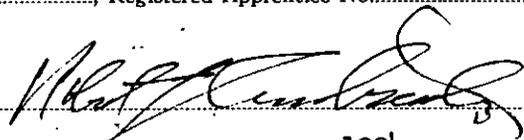
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
.....  
Licensed Embalmer No. 1994  
.....  
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.**