U. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35255

Primary Registration District No. 1003

Registrar's No. 9877

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: en route to Homer G. Phillips Hospital 0 (If not in hospital or institution, write street number or location)

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

In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 219

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

(d) Street No. Harlem Hotel, Room 316 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jennette Bland Clair

3. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Carl C. Clair

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 23, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	8	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Bland

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

MOTHER 14. Maiden name Elizabeth Hibbert

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

16. (a) Informant Carl C. Clair

(b) Address Harlem Hotel, #316

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) NOV 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23, year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis; Fat infiltration of the liver and acute parenchymatous nephritis.

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callaman (M. D. or other)

Address 1300 Clark Avenue Date signed 12-26-42

(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

Charles J. Gates Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.