. S. No. 2
OM—5-42
v. 5-17-39
I X32871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15957

State File No.

FILED JUN 14 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5114

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: En Route to City Hospital #13
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9 98
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Clapp
3. (b) If veteran, name war ****** 3. (c) Social Security No. *****
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 5 1903 (Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Emmon Clapp
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sarah Cummings
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
16. (a) Informant Albert Hutchins
(b) Address Gale Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memoriel Park
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) JUN 3 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day May year 1943 hour 3:30 minute P. 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 Coronary Occlusion
Due to History of Epilepsy
Due to W.M.A.
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 Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 6/3/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank D. Owens

Licensed Embalmer No. 2245

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.