

S. No. 2
M-9-4-41
5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19480

FILED JUL 3 1943 818

1003

Registration District No. Primary Registration District No. Registrar's No. 5836

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:
2641 A. Minnesota Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

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. 2641 A. Minnesota Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elmer E. Clingan
3. (b) If veteran, name war ~~*****~~ 3. (c) Social Security No.....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Jane Clingan 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 6 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 25th day June
year 1943 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from June 25
to June 25, 1943
that I last saw him alive on June 25 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to PH
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
82 6 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business Express Messenger

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Soebels
(b) Address 5508 Cabanne Ave

17. (a) Burial (b) Date thereof June 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUN 26 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)
Address 2253 Webster Date signed 6/27/43

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

Dr. Berg
2253 Holmstedt
St. Louis

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 J. Owen

Licensed Embalmer No. 2245

P. O. Address St. Louis

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.