

Registration District No. **818** Primary Registration District No. \_\_\_\_\_

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:  
**City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3mos 10das.**  
**unknown** (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. **Masonic Home - 5357 Welch**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOSEPHINE CLYMER**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **Female** / 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 21 1861**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **9** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Commerce Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

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

MOTHER FATHER  
12. Name **Clinton Thompson**  
13. Birthplace **unknown Iowa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances Jackson**  
15. Birthplace **unknown Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Melua G. Suedler**  
(b) Address **5400 Arsenal**  
17. (a) **Burial** (b) Date thereof **1/1/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Commerce Missouri.**

18. (a) Signature of funeral director **Shepard Funeral Home**  
(b) Address **1167 Hamilton Avenue.**

19. (a) **DEC 31 1943** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**  
year **1943** hour **11:45** minute **A.** M.  
21. I hereby certify that I attended the deceased from **9-20-1943**, 19\_\_\_\_ to **Dec 30 1943**;  
that I last saw her alive on **Dec 30 1943**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis with Myocardial Degeneration** 9-20-43 x

Due to **Senility** 9-20-43x

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Anthony K. Burch** (M. D. or other)  
Address **5400 Arsenal St.** Date signed **1/20/44**

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

PROVIDE TO THE STATE

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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..... *G. W. Wilkins*

..... Licensed Embalmer No..... *3575*

..... 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.**