

FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4984

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1287

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: ALEXIAN BROS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 DAYS
 (Specify whether
 In this community 27 YEARS
 years, months or days)

3. (a) PRINT FULL NAME Elmer F Clodfelter

3. (b) If veteran,

name war.....

3. (c) Social Security

No. 498-10-68694. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, MARRIED6. (b) Name of husband or wife VERNEA 6. (c) Age of husband or wife if alive 23 years7. Birth date of deceased 9 (Month) 30 (Day) 1923 (Year)8. AGE: Years Months Days If less than one day
30 4 6 hr. min.9. Birthplace JACKSON (City, town, or county) MISSOURI (State or foreign country)10. Usual occupation SHIPPING CLERK

11. Industry or business

12. Name John Clodfelter13. Birthplace MISSOURI (City, town, or county) (State or foreign country)14. Maiden name Hattie Sheppard15. Birthplace MISSOURI (City, town, or county) (State or foreign country)16. (a) Informant Hattie Clodfelter(b) Address 1610 1/2 South 14th St.17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)(c) Place: burial or cremation ST. MATTHEWS18. (a) Signature of funeral director A. W. McLaughlin(b) Address 2301 HAYETTE19. (a) FEB 9 1944 (Date received by local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
 (c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
 (d) Street No. 2820 PARK AVE (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 44 hour 3 minute 10 P.M.21. I hereby certify that I attended the deceased from 2/1/44 to 2-6 1944
 that I last saw him alive on 2-6 1944
 and that death occurred on the date and hour stated above.Immediate cause of death Meningitis, tubercular Duration 2 weeksDue to Pulmonary tuberculosisDue to arteriosclerosis and 1/6/44 to 2/6/44

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None PHYSICIAN None
 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 None23. Signature W. J. Eigel (M. D. or other) MO
 Address 3800 S.W. Boundary Date signed 2/8/44

111607107

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 Allen W. McLaughlin

Licensed Embalmer No. 1698

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.