

REGISTERED MAR 20 1944
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 630

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3605 Calvert
(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

3. (a) PRINT FULL NAME Leonard T. Clement

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Annie C. Clement 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 9 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	6	25	hr. min.
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9. Birthplace Calaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Richard Clement

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Jane Hill

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Reeder Clement

(b) Address 3605 Calvert

17. (a) Burial (b) Date thereof 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 14 1944 (b) E. G. McHarran, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3605 Calvert
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 13 - 1944 to Mar. 11 - 1944
that I last saw him alive on Mar. 11 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
For years.

Major findings:
Of operations none

Of autopsy none

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) No

(b) Date of occurrence 7

(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 Roy G. Kaetzel (M. D. or other) _____
Address 24318 Hudson Rd. Date signed 3-13-44

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

76
13
1

96
13

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 *John Agonovski*
Licensed Embalmer No. *3398*

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.