

7. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X38671

FILED MAY 2 1946
 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) ~~County~~ STATE: Missouri
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3029 Dickson /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 27 yrs.

3. (a) PRINT FULL NAME Frank Clinton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Clinton 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Dec. 6 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Pleas Clinton

13. Birthplace Meridian, Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Blanks

15. Birthplace Meridian, Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Clinton
 (b) Address 3029 Dickson

17. (a) Burial (b) Date thereof May 2, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co.
 (b) Address 2931 Lucas, etc

19. (a) APR 29 1946 (b) J. J. Brebeck
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County oso
 (c) City or town St. Louis 2 1/17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3029 Dickson 9
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1946 hour 7:30 minute P. M.
 21. I hereby certify that I attended the deceased from Jan. 1946
 _____ 19 _____ to April 26 19 46;
 (that I last saw him alive on April 26 19 46
 and that death occurred on the date and hour stated above.)

Immediate cause of death Chronic Myo-Carditis Duration _____

Due to Rheumatism & Diabetes

Due to _____

Other conditions U
 (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 J. J. Brebeck M.D. (M. D. or other) _____
 Address 2742 Franklin Date signed 4/27/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 13495

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 *Burlison English*

Licensed Embalmer No. *4208*

P. O. Address. *2931 Lucas Ave*

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.