

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED MAY 31 1946

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7080 Sutherland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME LaVerne (Fults) Clement

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>widowed</u>
6. (b) Name of husband or wife <u>Georges Clement</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>January 29 1928</u> (Month) (Day) (Year)		

8. AGE:

Years	Months	Days	If less than one day
<u>18</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Shapleigh Hardware Co.,

12. Name Sidney Fults

13. Birthplace Waterloo Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ella Williams

15. Birthplace Morganford Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Fults

(b) Address 7080 Sutherland Ave, St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1946
(Month) (Day) (Year)

(c) Place of burial or cremation Sunset Burial Park Cemetery
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director 6464 Chippewa, St. Louis, Missouri

(b) Address _____

19. (a) MAY 21 1946 (Date received local registrar) J. F. Brudeck (Registrar's signature)

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. 7080 Sutherland Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 18
year 1946 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12/29/45, 19____, to 5/18/46, 19____,
that I last saw her alive on 5/18/46, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis
Strept. Viridans

Due to _____

Duration
12/29/45
to
5/18/46

Due to Acute nephritis

3/1/46

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy _____

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 Stephen Jeyan (M. D. or other) _____
Address 1504 So Grand Date signed 5/20/46

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

17164

Dr. VICEAU

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.