

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15834

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 3063

970

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 18 days
(Specify whether 0 18 days)
In this community 0 18 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rinkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Route 13
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David Clevenger

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced. S. O

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
_____ (Day) _____ (Year)

7. Birth date of deceased February 27 1947
(Month) (Day) (Year)

8. AGE:

Years 0

Months 2

Days 1

If less than one day _____ hr. _____ min.

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

10. Usual occupation mt

MOTHER FATHER

12. Name Segel Clevenger 0

13. Birthplace Springfield MO
(City, town, or county) (State or foreign country)

14. Maiden name Marie Burkert

15. Birthplace St. Louis Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Clevenger

(b) Address Rt. 13 - Rinkwood

17. (a) Burial (b) Date thereof Apr. 30, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cem. Des Peres, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 5-7-47 (b) George J. Shapiro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from April
10, 1947, to April 28, 1947
that I last saw him alive on April 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

anoxia

Duration

Due to _____

Branchopneumonitis

Due to _____

107

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? _____

(e) While at work? _____

(Specify type of place) (c) Means of injury 0

23. Signature Daniel F Sullivan (M. D. or other) _____

Address County Hosp

Date signed 4/28/47

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.....

Theo. Schrader

Licensed Embalmer No.....

3066
Ballwin, Mo

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.