

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I. X36671

34975

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 54

Registration District No. 129

Primary Registration District No. 5668

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10 OCT 1. 50 7 00

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Barrel
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town University City Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6511 Julian Ave. 5
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE V. Clement
(b) If veteran, name war None
(c) Social Security No. 494-07-1777

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 19th
year 1947 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced 1
(b) Name of husband or wife adele Clement
(c) Age of husband or wife if alive 53 years
7. Birth date of deceased: May 31 1895
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Disease
Due to _____
(coroner's jury verdict)
Due to _____

8. AGE: Years 52 Months 4 Days 18
If less than one day _____ hr. _____ min.
9. Birthplace Whitehall Illinois
(City, town or county) (State or foreign country)

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.

10. Usual occupation Auto-mobile mechanic
11. Industry or business _____
12. Name Fred S. Clement
13. Birthplace Ill.
14. Maiden name Dora D. Van Hesen
15. Birthplace Ill.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____
(b) 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? _____

16. (a) Informant adele Clement
(b) Address 6511 Julian University City
17. (a) Burial (b) Date thereof 10/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Geo. D. Pleitch, Inc.
(b) Address 5966-68 Easton Ave. St. L. Mo.
19. (a) Oct 19 1947 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature Dr. V. E. Althoff (M. D. or other) Dr.
Address Coroner Lincoln Co. Mo. Date signed Oct 19 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-24-47

OCT 28 1947

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 Clement McNeary
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.