

National Office of Vital Statistics

State File No. 942

FILED FEB 9 1948

1003

Registrar's No.

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution;
4343 Prairie Ave /
 (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..... Clarence L. Pew

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

4. Sex..... Male
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Sadie Perkins Pew
 6. (c) Age of husband or wife if alive..... 65 years
 7. Birth date of deceased..... Aug 3 1862
 (Month) (Day) (Year)

8. AGE: 81 Years 5 Months 23 Days
 If less than one dayhr.min.

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

10. Usual occupation..... Stockyards

11. Industry or business.....

12. Name..... Ruben Pew13. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)14. Maiden name..... Sarah Alexander15. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Sadie Pew(b) Address..... 4343 Prairie Ave17. (a) Burial (b) Date thereof..... 1/31/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... 1116 Park Lawn Cemetery18. (a) Signature of funeral director..... Stroot - Carroll(b) Address..... 4600 Natural Bridge Ave19. (a) JAN 30 1948 (b) J. F. Brodeur
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
 (c) City or town..... St. Louis /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4343 Prairie Ave /
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 28,
 year 1948 hour 12 minute 10p 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.
 Duration

Immediate cause of death.....

Chronic Hypertension, 5 yrs
Myocardial infarction, 1 day
General

Due to.....

Myocardial infarction, 1 day
General

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

Major findings:.....

Of operations.....

Of autopsy.....

PHYSICIAN

.....

Underline the cause of 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?..... (Specify type of place)

While at work..... Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

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.....

Licensed Embalmer *Ben Hoffman*
4366

P. O. Address *St Louis, Mo*

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.