S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Hope

State File No. 13194

FILED APR 20 1948

Registration District No. 7020 — Primary Registration District No. 3033 — Registrar's No. 38

53
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1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hrs. (Specify whether years, months or days)
In this community: 5 hrs.

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Calif. (b) County: 4
(c) City or town: Oakland Calif.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1425-18th St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 2
If yes, name country:

3. (a) PRINT FULL NAME: Child of C. L. & Esther St Clair
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Apr. (Month) 1 (Day) 1948 (Year)
8. AGE: Years | Months | Days | If less than one day: 5 hr. min.
9. Birthplace: Lebanon (City, town, or county) Mo (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: C. L. St. Clair
13. Birthplace: Minnesota U.S. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Esther Willis
15. Birthplace: Great Lake Aus. (City, town, or county) (State or foreign country)
16. (a) Informant: C. L. St. Clair
(b) Address: Oakland Calif. 1425 18th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Lebanon Mo
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon Mo.
19. (a) 4-7-48 (Date received local registrar) (b) Jesse B. Lynch (Registrar's signature) 1152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 1 year: 1948 hour: 4 minute: 30 A.M.
21. I hereby certify that I attended the deceased from April 1, 1948, to April 1, 1948; that I last saw him alive on April 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature infant 7 mo	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 154

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? (e) Means of injury: 0
23. Signature: James L. Hope (M. D. or other)
Address: Lebanon, Mo Date signed: 4/3/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Received 4/19/48

Lucie County Health Unit

File No. 4-48-50

Date Filed 4/19/48

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 No. _____

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.