No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13957

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3918

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

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: Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Less than 5 min. (Specify whether
In this community About two months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4423a Easton 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Bobby Rhone Clemons

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 460-16-2889

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Daisy Lee Clemons

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased October (Month) 15 (Day) 1922 (Year)

8. AGE: Years 25 | Months 6 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Houston (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Truck Driver

11. Industry or business Chemical Company

FATHER
12. Name Bobby Rhone 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sadie Damon
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Daisy Lee Clemons
(b) Address 217 So 23rd St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Galveston, Texas

18. (a) Signature of funeral director C. L. Nash
(b) Address 3847 Pay Boul

19. (a) APR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 4 minute 08 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hyper trophy | Duration

Due to

Due to 95 C

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? (e) Means of injury 3

23. Signature Patrick E Taylor (M. D. or other)

Address Deputy Coroner Date signed 4-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Claudia M. Nash, Registered Apprentice No. 424, working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Pyle

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.