

FILED-MAR 31 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11130

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2229

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1156 A. N. Fenore Ave.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clarence</i> b. (Middle) c. (Last) <i>Stamps</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March -21 1950</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>6-29-1907</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>LABOR</i>	9. AGE (In years last birthday) <i>42</i>
11. BIRTHPLACE (State or foreign country) <i>YRZOB CITY MISS.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>WILL STAMPS</i>		13b. MOTHER'S MAIDEN NAME <i>VIRGINIA ENGLISH</i>	
14. NAME OF HUSBAND OR WIFE <i>Rachel Stamps</i>		17. INFORMANT'S SIGNATURE OR NAME <i>E. M. Stamps</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>UNIS.</i>	
17. ADDRESS <i>631 HSHLAND Chicago</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis, Far Advanced</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Undetermined</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Mo. Ill.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-13</i> , 19 <i>50</i> , to <i>3-21</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3-21</i> , 19 <i>50</i> , and that death occurred at <i>3:50 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Inscribed or title) <i>James J. Redrick</i>		23b. ADDRESS <i>2601 N Whittier St.</i>	
23c. DATE SIGNED <i>3-23-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>3-25-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>OAK DALE</i>		24d. LOCATION (City, town, or county) (State) <i>CEM. LAMAR FERRY, S. St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>MAR 25 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Paoster</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Allen</i>		ADDRESS <i>4368 Washington</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Student
at College of Mortuary Science
working under my personal supervision.

Student Embalmer No.....

Signed Ralph W. Hemmon

Signed.....
Student Embalmer

Licensed Embalmer No. 3791

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.