

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42269

State File No. 10455 Registrar's No. 10455

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5993 Plymouth Ave.		STREET ADDRESS (If rural, give location) 5993 Plymouth Ave. 2059	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) J.	c. (Last) Clemons	4. DATE OF DEATH (Month) (Day) (Year)
				11 16 54

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/18/1902 52	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Emp.	10b. KIND OF BUSINESS OR INDUSTRY Cleaning Co.	11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon Ohio	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Wm. Clemons	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE Elle Clemons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 1920 - 23 327 05 7362	17. INFORMANT'S SIGNATURE OR NAME Elle Clemons	ADDRESS 5993 Plymouth Ave
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **NOV. 15, 1954**, to **NOV 16, 1954**, that I last saw the deceased alive on **NOV 14, 1954**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS 1194 Hodiamont Ave	23c. DATE SIGNED 11-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/18/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.
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DATE REC'D BY LOCAL REG. NOV. 17 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Av^o
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Alfred J. Boedeker

Licensed Embalmer No. *266*

P. O. Address *1125 Hodrian*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.