No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3411

Primary Registration District No. 2002

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 360 N. Big Bend Rd
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 360 N. Big Bend Rd. 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Louise Debenham St. Clair

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2 Jan 6

6. (b) Name of husband or wife John M. St. Clair

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

7. Birth date of deceased December (Month) 13, (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	0	27	..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Thomas Debenham 4
13. Birthplace ..... (City, town, or county) England (State or foreign country) 1

MOTHER
14. Maiden name Mary Ann Gatesell 1
15. Birthplace ..... (City, town, or county) England (State or foreign country) 1

16. (a) Informant Mr. Fred G. St. Clair
(b) Address 360 N. Big Bend Rd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemtery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 1-13-48 (Date received local registrar) (b) Carl A. J. Shaw MD (Registrar's signature) MS of MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 6 1948 to Jan 10 1948
that I last saw her alive on Jan 10 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	5 days
Due to: Ten't Arteriosclerosis Chr. Myocarditis	
Due to: Hemiplegia Rt. Hypostatic pneumonia	3 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d

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 .....

23. Signature Chas. Rosenberger (M. D. ~~or other~~)

Address 7745 Olive St Road Date signed 1/13/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7745 Olive St. Rd.

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.....Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.