

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

FILED NOV 24 1948 **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Firmin Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 MOS.**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2234a Kookuk St.**  
(If rural, give location)  
(e) Citizen of foreign country? **24** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **McClelland, Helena**

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**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 12- 1880**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **-0-** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **at Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Matthew Cervenka**

13. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph W. McClelland**

(b) Address **6215 Dexter Afton, Missouri**  
**Burial**

17. (a) \_\_\_\_\_ (b) Date thereof **11/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Gebken-BENZ Mortuary**

(b) Address **2842 Meramec St**

19. (a) **NOV 13 1948** (b) **J. B. Lashley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **11**  
year **1948** hour **3** minute **58 P M.**

21. I hereby certify that I attended the deceased from **1**  
**October** 19**48** to **11 Nov.** 19**48**;  
that I last saw **her** alive on **Nov 11** 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **obstructive jaundice**

Due to **Carcinoma of head of the pancreas** **about 6 mos.**

Due to \_\_\_\_\_

Other conditions **Thrombosis of blood vessels, and branch of rt. pulm. artery**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Carcinoma of head of pancreas.**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury **U**

23. Signature **Horace A. Sawyer** (M. D. or other) **M. D.**  
Address **Desloge Hosp.** Date signed **12 Nov 48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Separate Embalmer Cert. filed*

NOV 12 1941

**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.**