

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3110

250

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4396 Lindell Blvd.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4396 Lindell Blvd.				d. STREET ADDRESS (If rural, give location) 4396 Lindell Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Clara Papin			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1949	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Feb. 6, 1854	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Month Day 11 4	IF UNDER 24 HRS. Hours Min. 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Adolphe Papin			13b. MOTHER'S MAIDEN NAME Mary Saucier		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ashley Papin, 4399 McPherson Ave.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease ANTECEDENT CAUSES Morbid 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. 93 2 22					INTERVAL BETWEEN ONSET AND DEATH Uncertain	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 222					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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec. 27, 1948 , to Jan. 10, 1949 , that I last saw the deceased alive on Jan. 9, 1949 , and that death occurred at 2 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) G. O. Brown M.D.				23b. ADDRESS 1325 S. Grand Blvd. St. Louis 4 Mo.		23c. DATE SIGNED 1/10/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-49	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. JAN 10 1949		REGISTRAR'S SIGNATURE J. B. Lavater		FEDERAL DIRECTOR'S SIGNATURE Arthur H. ...		ADDRESS 4396 Lindell Blvd.		

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

JAN 14 1950

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
Student Embalmer

Signed Thomas R. Penwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.