No. 300
10-48

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9905
Registrar's No. 2453

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6180 pershing (12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ohio
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6180 Pershing

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Mrs. Rumina E. Clipper

4. DATE OF DEATH (Month) (Day) (Year): Mar. 17, 1949

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: Aug. 5, 1858
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Murphysboro, Ills.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Henry Boucher
13b. MOTHER'S MAIDEN NAME: Louise Will
14. NAME OF HUSBAND OR WIFE: Elza Clipper, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Daniel, 6180 Pershing
ADDRESS

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) La Grippe — INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Senile Changes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None made 422
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1949 to March 17, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Joseph Wavre (Degree or title) M.D.
23b. ADDRESS: 906 Olive St.
23c. DATE SIGNED: 3-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: Murphysboro, Ills.
24d. LOCATION (City, town, or county) (State): Murphysboro, Ill.

DATE REC'D BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: J. B. Lawson
25. FUNERAL DIRECTOR'S SIGNATURE: Alexander & Sons
ADDRESS: 6175 Delmar

(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 Embalmer No. _____

working under my personal supervision.

Signed Jas. E. McCullah

Signed _____
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6135 Dels

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.