

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17081

FILED MAY 28 1949

State File No.

4483

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 3, Mo.</u>		c. LENGTH OF STAY (in this place) <u>36 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		72 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnard Free Skin & Cancer Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>NR</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Clara</u>			b. (Middle) <u>Belle</u>			
			c. (Last) <u>Black</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>5-25-1890</u>			
						9. AGE (In years last birthday) <u>58</u>			
						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) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William T. Paul</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Paul)</u>			14. NAME OF HUSBAND OR WIFE <u>Lewis Black</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombophlebitis, rt. common iliac vein</u>				DUE TO (b) <u>Squamous carcinoma of cervix with metastases</u>				<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Focal necrosis of lateral hypothalamus, bilateral</u>									
19a. DATE OF OPERATION <u>May 3, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>(Frontal lobotomy for intractable pain)</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>HO MO</u>					
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? <u>171K</u>					
22. I hereby certify that I attended the deceased from <u>April 13, 1949</u> , to <u>May 19, 1949</u> , that I last saw the deceased alive on <u>May 19, 1949</u> , and that death occurred at <u>11:52 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles S. Shewin M.D.</u>				23b. ADDRESS <u>3827 Washington Blvd. St. Louis</u>		23c. DATE SIGNED <u>May 19 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Parma, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 20 1949</u>				REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1945

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton M. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.