

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38589

State File No. 10312

318

1003

Registrar No. 10312

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 001			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 9-17-49		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		1/4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 21st St. 3156a School Street			
3. NAME OF DECEASED (Type or Print) a. (First) LETTIEA		b. (Middle)		c. (Last) CLABORN		4. DATE OF DEATH (Month) (Day) (Year) NOV 28 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 29, 1887	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mose Foster		13b. MOTHER'S MAIDEN NAME Georgia Starks		14. NAME OF HUSBAND OR WIFE J. John Claborn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Parker 3156a School Street S			
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) Hypertensive 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. Pyrogenic osteomyelitis, pelvis				INTERVAL BETWEEN ONSET AND DEATH 8 years 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 93d		21f. HOW DID INJURY OCCUR? 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Nov 28 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from July 8 1949 to Nov 28 1949, that I last saw the deceased alive on Nov 28 1949, and that death occurred at 6:10P M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clotus P. Krag, M.D.		23b. ADDRESS 5600 Arsenal St. St. Louis		23c. DATE SIGNED 29 Nov 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 30 1949		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.			

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.

Student
Student Embalmer

Signed..... *S. J. Matson*

..... Licensed Embalmer No. *2698*

..... P. O. Address *2769 Chouteau*

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.