

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7121

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Manchester</u>		c. LENGTH OF STAY (in this place) <u>5 MONTHS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>	
3. NAME OF DECEASED a. (First) <u>Martha</u>		d. STREET ADDRESS (If rural, give location) <u>Pine Crest Nursing Home</u>	
b. (Middle)		e. (Last) <u>Clelland</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1950</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. 2</u>	
8. DATE OF BIRTH <u>Oct. 8, 1853</u>		9. AGE (In years last birthday) <u>96</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Rockford, Ills</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Holcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Clelland</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Stanley H. Clelland</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>Overland - 7404 W. 69th</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemiplegia</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardiopathy</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 <u>Aug 6, 1949</u> , to <u>Feb 15, 1950</u> , that I last saw the deceased alive on <u>Feb 12, 1950</u> , and that death occurred at <u>6 PM</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>M. T. Mertha</u> (Degree or title)		23b. ADDRESS <u>3507 Poloma</u>	
23c. DATE SIGNED <u>2-17-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Hous, Inc.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Barber R. Doube</u>		ADDRESS <u>6175 Delmar</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

6175 Delmar

Dr Mesplier
462 N Taylor
Fl 1909

Dr 1863
3507 55th Ave

Wa 2360

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 Jose McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

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.