

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15338

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 941

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>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OERMANN - 8500</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>STAR Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROWN &amp; LACKLAND</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>J.</u> c. (Last) <u>Todd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR-10 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 10 1897</u>	9. AGE (in years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 11 HRS. Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAINT CONTRACTOR</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Todd</u>	13b. MOTHER'S MAIDEN NAME <u>do NOT KNOW</u>	14. NAME OF HUSBAND OR WIFE <u>HILARY KOONS Todd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sullen Todd</u> ADDRESS <u>8846 Boff Ave</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>2 yrs.</u>  <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>u20.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute) _____	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 9-24, 1948, to 4-10, 1950, that I last saw the deceased alive on 4-6, 1950, and that death occurred at 10:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert J. Kessler M.D.</u> (Degree or title)	23b. ADDRESS <u>9631 Hazelwood</u>	23c. DATE SIGNED <u>4-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-11-50</u>	REGISTRAR'S SIGNATURE <u>Herbert J. Kessler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F. HOME</u> ADDRESS <u>9222 LACKLAND OVERLAND MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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**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 Al C Osterman .....

Licensed Embalmer No. 3478 .....

P. O. Address .....

**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.