No. 300
10.48

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18061

BIRTH NO. 30-320-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4473

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Louis Childrens Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4160 Flad

17 2179 0

3. NAME OF DECEASED (Type or Print)
a. (First): Kathleen
b. (Middle): Kay
c. (Last): Clemens

4. DATE OF DEATH (Month) (Day) (Year): 5 - 19 - 50

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ()

8. DATE OF BIRTH: 5-13-50

9. AGE (In years last birthday): If under 1 year: Months; Days: 6; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Louis, Mo

12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: John B. Clemens

13b. MOTHER'S MAIDEN NAME: Dorothy Rightler

14. NAME OF HUSBAND OR WIFE:

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.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John B. Clemens 4160 Flad Ave.,

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) Esophageal stenosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — Tracheo Esophageal fistula

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.

19a. DATE OF OPERATION: 5-18-50

19b. MAJOR FINDINGS OF OPERATION: Same as 18 1(a)

20. AUTOPSY? YES ☑ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 756.2

22. *I hereby certify that I attended the deceased from* 5-16-, 1950, *to* 5-19, 1950, *that I last saw the deceased alive on* 5-19, 1950, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm G K Lingberg MD. D

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-19-1950

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAY 19 1950

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cullinane Bros. 3320 N. Kingshighway

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Fred Frick

Signed.....
Student Embalmer NOT EMBALMED

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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

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