

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18401

BIRTH NO. _____		REG. DIST. NO. <u>010</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4734</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3639 Pennsylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3639 Pennsylvania</u>				d. STREET ADDRESS <u>3639 Pennsylvania</u>			
3. NAME OF DECEASED (Type or Print) <u>CLARA</u>		a. (First) <u>M.</u>		b. (Middle) <u>LUEDEMANN</u>		c. (Last) <u>LUEDEMANN</u>	
4. DATE OF DEATH <u>5-29-1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID.</u>	
8. DATE OF BIRTH <u>10-18-1876</u>		9. AGE (In years last birthday) <u>73</u>		If UNDER 1 YEAR: Months <u>7</u> Days <u>27</u>		If UNDER 4 HRS. Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>CLAYMORE BAXTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-DRINKMANN</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. F. (Deceased)</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara J. Luedemann, 3639 Pennsylvania</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Bowels.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Closing of Transverse Colon.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Closing of Transverse Colon.</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>May 15, 1948</u> to <u>5-29-1950</u> , that I last saw the deceased alive on <u>2-29-1950</u> , and that death occurred at <u>4:15</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. F. Murray M.D.</u>		23b. ADDRESS <u>620-A-Russell Blvd</u>		23c. DATE SIGNED <u>5-29-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-31-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambergmehl, 38198 Grand.</u>			

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.

Signed.....  
Student Embalmer

Signed *Geo. J. King* Student Embalmer No.....  
Licensed Embalmer No. *4611*  
P. O. Address *St. Louis*

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.