

No. 300
10.48

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25023

State File No.

318

1003

Registrar's No. 6733

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6733	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. Louis</i>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. Louis</i>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4458 Evans</i>				d. STREET ADDRESS (If rural give location) <i>31 Lewis Pl.</i>			
3. NAME OF DECEASED (Type or Print) <i>Willie</i>		a. (First)		b. (Middle) <i>McClendon</i>		c. (Last)	
4. DATE OF DEATH <i>Aug 5 1950</i>		(Month)		(Day)		(Year)	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>May 5-1909</i>	
9. AGE (In years last birthday) <i>41</i>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>	
13a. FATHER'S NAME <i>Robert McClendon</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Walton</i>		14. NAME OF HUSBAND OR WIFE <i>Harold McClendon</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		(If yes, give way or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harold McClendon</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) <i>acute hemorrhagic</i>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Pancreatitis</i>					
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 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) _____			
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? <i>587.0</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>455 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Regina M. Quinn</i> (Degree or title) _____				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/7/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 10/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Jefferson Barracks</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>AUG 8 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>F. A. Keen 4214 Delmar</i>			

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

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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.....

F. C. Green

Licensed Embalmer No. *4214 2693*

P. O. Address *4214 Delwood*

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.