

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

31578

State File No. _____
Registrar's No. 7731

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Park Plaza Hotel</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>York</u> c. (Last) <u>Clardy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 9</u>	
8. DATE OF BIRTH <u>Oct. 12, 1887</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Frank B. York</u>	
14. MOTHER'S MAIDEN NAME <u>Mary L. Haraway</u>		15. NAME OF HUSBAND OR WIFE <u>Martin Lynn York</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
17. SOCIAL SECURITY NO. <u>Unknown</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. Russell Allen</u>		19. ADDRESS <u>30 Kingsbury</u>	

13a. FATHER'S NAME <u>Frank B. York</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Haraway</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Lynn York</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. Russell Allen</u>	
18. ADDRESS <u>30 Kingsbury</u>		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
ANTECEDENT CAUSES		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 <u>April 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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? <u>174X</u>	

22. I hereby certify that I attended the deceased from July 6, 1949, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel B Grant</u>		23b. ADDRESS <u>114 N. Taylor Ave</u>		23c. DATE SIGNED <u>9/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>SEP 12 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagoner Mortuary</u>	
				ADDRESS <u>4911 Washington Blvd</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 Me

working under my personal supervision.

Student Embalmer No.

Signed Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.