

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 82999-40 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2475

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>St Louis</u>	
b. CITY OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Hanley Hills</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2013 Ruffin 7803 CLAYTON</u>		d. STREET ADDRESS (If rural, give location) <u>2013 Ruffin 4280</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Susan</u> c. (Last) <u>Cline</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11/29/49</u>	9. AGE (In years last birthday) <u>10</u> Months <u>13</u> Days <u>1</u> Hour <u></u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>James R Cline</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Carrill</u>	14. NAME OF HUSBAND OR WIFE
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>James R Cline</u> ADDRESS <u>2013 Ruffin</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, terminal.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Palsy</u> 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	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from 11-29, 1949, to 10-12, 1950, that I last saw the deceased alive on 10-12, 1950 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth W Kraemer M.D.</u> (Degree or title)	23b. ADDRESS <u>7803 Clayton Rd</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	24d. LOCATION (City, town, or county) (State) <u>Central Park, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 14 1950</u>	REGISTRAR'S SIGNATURE <u>JH Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland M. Flaherty</u> ADDRESS <u>4104 Manchester St. St. Louis, Mo.</u>
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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 ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Howard P. Rowland

Licensed Embalmer No. 3114

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.