V.S. No. 300
Rev. 10-48

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318 1003

State File No. 38365

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 9655

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1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis.
c. LENGTH OF STAY (in this place) 6 Ch.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois. b. COUNTY Madison.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton. 8120
d. STREET ADDRESS (If rural, give location) 801 College Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) — c. (Last) Clevenger.

4. DATE OF DEATH (Month) Nov. (Day) 12. (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2
8. DATE OF BIRTH Nov. 24, 1877.
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 11 Days 8 — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Von Bergen
13b. MOTHER'S MAIDEN NAME Sophie Schleuter.
14. NAME OF HUSBAND OR WIFE Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME x J. A. Clevenger ADDRESS

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) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH 10 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) auricular fibrillation — yrs
DUE TO (c) Hypertensive C-V disease & Rheumatic H-V disease — yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* femoral embolism — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 416X

22. *I hereby certify that I attended the deceased from* 11/6, 1950, *to* 11/12, 1950, *that I last saw the deceased alive on* Nov 11, 1950, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul D Silverminz SILVERMINTZ (Degree or title) M.D.
23b. ADDRESS 508 N. Grand, St Louis, Mo
23c. DATE SIGNED 11-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. 1
24b. DATE 11-15-50.
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Upper Alton.
24d. LOCATION (City, town, or county) Alton. (State) Illinois.

DATE REC'D BY LOCAL REG. Nov 14 1950
REGISTRAR'S SIGNATURE Jr B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE O. Carson Lucius ADDRESS Alton Ill

(Licensed Embalmer's Statement on Reverse Side)

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

X

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 O. Carson Lunn

Licensed Embalmer No. 5796

P. O. Address Altos Ill.

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.