

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2396

State File No. \_\_\_\_\_  
Registrar's No. 24

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		a. STATE <b>Mo.</b>	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>3370 Commonwealth Avenue</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Minnie</b>		b. (Middle)	
c. (Last) <b>Cale</b>		1-1-51	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>9-12-93</b>
9. AGE (In years last birthday) <b>57</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Hensler</b>	13b. MOTHER'S MAIDEN NAME <b>?</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence Cale</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Forest Claggett</b> ADDRESS <b>Labadie Mo</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic nephroses</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
	ANTECEDENT CAUSES <b>Diabetic</b>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>Diabetes mellitus</b>		<b>7 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Flex</b>
22. I hereby certify that I attended the deceased from <b>11-28-50</b> to <b>1-1-51</b> , 19____, that I last saw the deceased alive on <b>12-31-50</b> , 19____, and that death occurred at <b>1:15 p.m.</b> from the causes and on the date stated above.		

23a. SIGNATURE <b>G. P. Brown M.D.</b> (Degree or title)	23b. ADDRESS <b>1325 S. Grand, St. Louis 4, Mo.</b>	23c. DATE SIGNED <b>1-2-1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>1-4-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>
		24d. LOCATION (City, town, or county) (State) <b>3211 Sublette Ave</b>

DATE REC'D BY LOCAL REG. <b>JAN 3 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Casatejue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Casatejue</b> ADDRESS <b>6409 Gravois St</b>
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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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James M. Seymour

Licensed Embalmer No. 4343

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.