

No. 30  
10-48

FILED MAR 8 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 6903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 549

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Wellston</u> 4311	
c. LENGTH OF STAY (in this place) <u>3</u>		d. STREET ADDRESS (If rural, give location) <u>1245 Delaware</u> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>CLYDE</u>	a. (First) <u>C</u>	b. (Middle) <u>L</u>	c. (Last) <u>LOTHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 4, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Luther</u>	13b. MOTHER'S MAIDEN NAME <u>Orpha Jasquet</u>	14. NAME OF HUSBAND OR WIFE <u>Bliss Luther</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bliss Luther</u>	ADDRESS <u>1245 Delaware Ave</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyonephrosis</u>		
	DUE TO (c) <u>Carcinoma of the prostate</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia abscess, left</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Home</u>	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 2-21-1951 to 3-1-1951, that I last saw the deceased alive on 3-1-1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Feders MD.</u>	23b. ADDRESS <u>7601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>3-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery St. Louis Co. Missouri</u>	24d. LOCATION (City, town (or county) (State)
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DATE REC'D BY LOCAL REG. <u>3-1-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donike MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prosser 2nd Co - 3700 N. Grand Blvd</u>	ADDRESS
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W.P.A. (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

12 - 1 - 8  
A.G.V.S

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

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.

1951 S-6903

WRITE PLAINLY—UNFADING

WEEKS		LBS.	OZS.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>CAUSE OF STILLBIRTH</b> State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR					22. STATE
<i>I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.</i>		23a. ATTENDANT'S SIGNATURE (SPECIFY)			
		23c. ATTENDANT'S ADDRESS			If NOT attended by physician
25a. BURIAL, CREMATION, REMOVAL. (Specify)		25b. DATE		25c. NAME OF CEMETERY OR CREMA	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			26. FUNERA

(Licensed Embalmer's Statement on F

ENT BY LICENSED EMBALMER

1951  
S-4903

d on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

Signed.....

*Albert Mayfield*

Licensed Embalmer No.....

*3077*

P. O. Address.....

*3710 W Grand ave*

LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

ated above.