

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10827

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2620</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2319 Macklind</u>				d. STREET ADDRESS (If rural, give location) <u>13 2319 Macklind</u>			
3. NAME OF DECEASED (Type or Print) <u>MRS. CLARA</u>			a. (First) <u>LARLENA</u>			b. (Middle) _____	
c. (Last) _____			4. DATE OF DEATH <u>Nov 17 1951</u>		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 17 1894</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sarguale Anastasio</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dausilio</u>		13c. NAME OF HUSBAND OR WIFE <u>Domenic Larlenga</u>	
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Domenic Larlenga</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Pulmonary Peptic Ulceration				_____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardio Renal Failure</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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2X</u>			
22. I hereby certify that I attended the deceased from <u>12/9 1950</u> to <u>3/17 1951</u> , that I last saw the deceased alive on <u>3/17 1951</u> , and that death occurred at <u>8:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Burton M. Bury</u>				BURY (Degree or title)		23b. ADDRESS <u>7533 Forsyth, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>3/19/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 2 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jan C. Calabrese</u>		ADDRESS <u>St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>MAR 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		5140			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE PERMANENT RECORD

12-11-1960/SA

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

Albert G. Happe

Signed.....

Student Embalmer

Licensed Embalmer No. 2971

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.