

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43390

State File No. 11422
Registrar's No. 11422

FILED JAN 10 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2061</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>6 6102a Ridge Ave.,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6102a RIDGE AVE.</u>			d. STREET ADDRESS (If rural, give location) <u>6 6102a Ridge Ave.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u>		b. (Middle) <u>CLARK.</u>		c. (Last) <u>UNDERWOOD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1951</u>					
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>Dec 22, 1865.</u>	9. AGE (In years last birthday) <u>86.</u>	IF UNDER 1 YEAR Months _____
IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Martinsburg, Missouri. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>(Unknown) Clark.</u>		13b. MOTHER'S MAIDEN NAME <u>Abashaby Lewis.</u>		14. NAME OF HUSBAND OR WIFE <u>Ace Underwood.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ace Underwood; St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				<u>10 yrs</u>
	DUE TO (c) <u>Arterio-sclerosis</u>				<u>4 unknown</u>
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>3.31X</u>	
22. I hereby certify that I attended the deceased from <u>1940</u> to <u>Dec 23</u> , 1951, that I last saw the deceased alive on <u>Dec 22</u> , 1951, and that death occurred at <u>10</u> A.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Jamison Smith, MD</u>		(Degree or title) _____		23b. ADDRESS <u>6201 Foster Ave</u>	
23c. DATE SIGNED <u>12-24-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.. 11</u>		24b. DATE <u>12/26/51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>DEC 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>	

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 Arnold W. Schoene.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3864.....

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.