

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14139**  
Registrar's No. **2524**

FILED APR 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER-GROVES #517</b>	
c. LENGTH OF STAY (In this place) <b>22 HRS</b>		d. STREET ADDRESS (If rural, give location) <b>1022 KUHLMAN-LANE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH-HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>LESLIE</b> b. (Middle) c. (Last) <b>CLUBB</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 15 52</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug. 13-1899</b>
9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>2</b>	IF UNDER 12 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LEAD WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>ANDREW CLUBB</b>	13b. MOTHER'S MAIDEN NAME <b>MARY WEST</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA CLUBB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EMMA Clubb-1022 KUHLMAN LANE</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>			<b>3 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) <b>Hypertensive cardiovascular disease</b>		<b>6 yrs</b>	
	DUE TO (c) <b>Chronic glomerulonephritis</b>		<b>10-15 yrs</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>138</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4 of 2x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Stroke</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **3-15**, 19**52**, that I last saw the deceased alive on **3-15**, 19**52**, and that death occurred at **11:20 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul D. Silvernail, M.D.</b>	23b. ADDRESS <b>508 N Grand</b>	23c. DATE SIGNED <b>3-17-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-19-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ORAN MISSOURI CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ORAN MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>MAR 17 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH-7456 MANCHESTER-MAPLEWOOD, MO.</b>
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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 \_\_\_\_\_

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.