

FILED SEP 8- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

29318

BIRTH NO. 38503 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8010

1. PLACE OF DEATH a. COUNTY <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>22 27</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township: OR TOWN <u>St. Louis</u>)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to St. Louis City Hosp</u>		<u>1114 So. 10th St.</u>	
3. NAME OF DECEASED a. (First) <u>JUDEAN</u> (Type or Print)		b. (Middle) <u>M.</u> c. (Last) <u>CLANIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1952</u>		5. SEX <u>Female</u> <u>XXXX</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>June 17, 1952</u>		9. AGE (In years last birthday) <u>0</u> If under 1 year: Months <u>2</u> Days <u>7</u> If under 12 mos. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Clanin</u>		13b. MOTHER'S MAIDEN NAME <u>Bethel Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bethel Clanin, 1114 So. 10th St.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation; when she suffocated in bed at her home Aug 24 1952</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>exact time unknown</u> DUE TO (c) <u>exact time 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 <u>Accident</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
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) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 24 52 ?</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>ooo</u>		<u>E9240</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:44 A.M.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Deputy M. Quinn</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>8/25/52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	
23e. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24. DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>	
24a. DATE <u>Aug. 25, 1952</u>		24b. REGISTRAR'S SIGNATURE <u>McLaughlin F. Home</u>	
24c. REGISTRAR'S SIGNATURE <u>McLaughlin F. Home</u>		24d. FUMERAL DIRECTOR'S SIGNATURE <u>McLaughlin F. Home, 2301 Lafayette</u>	
24e. ADDRESS <u>2301 Lafayette</u>		24f. ADDRESS <u>2301 Lafayette</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

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.