

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29752
7613

State File No. _____
Registrar's No. _____

FULL SEP 3- 1952

318

1003

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 15 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3853a Kossuth Avenue, 7,		d. STREET ADDRESS (If rural, give location) 3853a Kossuth Avenue, 7,	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Amelia	c. (Last) Mc Clellan	4. DATE OF DEATH (Month) - (Day) (Year) August 8th, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27th, 1868	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. 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) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Warren	13b. MOTHER'S MAIDEN NAME Eliza Holstein	14. NAME OF HUSBAND OR WIFE Late Thomas Mc Clellan
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Thomas Mc Clellan	ADDRESS 3853a Kossuth Avenue, 7,
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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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? 4200
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22. I hereby certify that I attended the deceased from **Aug 5, 1952**, to **Aug 8, 1952**, that I last saw the deceased alive on **Aug 5, 1952**, and that death occurred at **1:35P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. A. Sewing	23b. ADDRESS 2342 St. Louis	23c. DATE SIGNED 8/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/11/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. AUG 11 1952	REGISTRAR'S SIGNATURE Calvin F. Feutz MD	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	ADDRESS 4828 Natural Bridge Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2009

25th & St. Louis
Hours:
Between 2:00PM & 3:00PM
(Saturday)

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 Ralph C. Linders.....

Licensed Embalmer No. 4278.....

P. O. Address 38 Lovers Ln.....

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.