

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33644**

0.30
0.48

FILED OCT 11 1952

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **541** Registrar's No. **2577**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Jennings	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 8724 Agate Ct.	
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) M^cClenahan c. (Last) M^cClenahan		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Sept. 18, 1869
9. AGE (in years last birthday) 83		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Kittanning, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Steinmetz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James	
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 AND ADDRESS Hilda McClenahan, 8724 Agate Ct.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Aforble conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Heart Disease		10 yrs.	
DUE TO (c) 443X		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 checked="" 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) 6	
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	

22. I hereby certify that I attended the deceased from **10-2-1952** to **10-6-1952**, that I last saw the deceased alive on **10-6-1952**, and that death occurred at **5:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree as title) J. D. Lemmon M.D.		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 10-6-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-7-52		24c. NAME OF CEMETERY OR CREMATORY Bonne Terre, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 10-7-52		REGISTRAR'S SIGNATURE Herbert R. Donha M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert N. Hoppe, 4700 Washington Blvd.	
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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 _____

John D. Hennel
Licensed Embalmer No. 4194
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.