

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3431**  
Registrar's No. **0227**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

REG. DIST. NO. **0227**

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 town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Glendale 4651</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>886 Victoria Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			

3. NAME OF DECEASED a. (First) <b>ELSIE</b> b. (Middle) <b>LISETTE</b> c. (Last) <b>McCLANAHAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 1, 1905</b>		9. AGE (In years last birthday) <b>47</b>		10. UNDER 1 YEAR (Months) (Days) <b>11 7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Not employed</b>		11. BIRTHPLACE (State or foreign country) <b>Treloar, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Fritz Niemeyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Kersten</b>				14. NAME OF HUSBAND OR WIFE <b>Roy McClanahan</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy McClanahan</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Uremia</b>				18. INTERVAL BETWEEN ONSET AND DEATH <b>day</b>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		DUE TO (b) <b>Chronic nephritis</b>		year	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS INVOLVED OR INDICATED <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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 <b>592X..</b>	

22. I hereby certify that I attended the deceased from **Nov. 9, 1944**, to **Jan. 8, 1953**, that I last saw the deceased alive on **Jan. 8, 1953**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmund W. Westrup MD</b> (Degree or title)		23b. ADDRESS <b>204 E. Big Bend</b>		23c. DATE SIGNED <b>1-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/12/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Emmanuel Ev. Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Holstein, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>JAN 9 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Popp, Inc. Kirkwood</b>	
		25. ADDRESS <b>7293</b>			

**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 Felix Husard

Licensed Embalmer No. 3034

P. O. Address Hickwood 232

**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.