

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3451**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0086**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0086		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 13 hours		c. CITY OR TOWN St. Louis		2149		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 14 5708 Chippewa St.				
3. NAME OF DECEASED (Type or Print) Clarence			a. (First)		b. (Middle)		c. (Last) MABERRY	
4. DATE OF DEATH 1-4-53		(Month)		(Day)		(Year)		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Nov. 23, 1898		
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1000 Hrs. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor - General Motors Corp			10b. KIND OF BUSINESS OR INDUSTRY Van Buren, Mo.			11. BIRTHPLACE (City and State or Foreign Country) Mo.		
12. CITIZEN OF WHAT COUNTRY _____		13a. FATHER'S NAME Levi Maberry		13b. MOTHER'S MAIDEN NAME Amanda Russell		14. NAME OF HUSBAND OR WIFE Violet Maberry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 489-10-4008		17. INFORMANT'S SIGNATURE OR NAME Violet Maberry ADDRESS 5708 Chippewa				
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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.						
ANTECEDENT CAUSES DUE TO (b) Acute coronary heart disease		19 hrs.						
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 checked="" 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? 4201						
22. I hereby certify that I attended the deceased from 1-3, 1953 , to 1-4, 1953 , that I last saw the deceased alive on 1-4, 1953 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE JR Pradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 1/4/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 6, 1953		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Kriegshauser ADDRESS 4278 S. Kingshighway				

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.