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WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8180

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 504

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park
d. STREET ADDRESS (If rural, give location): 728 Benton

4761

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): F.
c. (Last): STRIBLING

4. DATE OF DEATH (Month) (Day) (Year): 2 10 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-31-1900
9. AGE (In years last birthday): 51
If under 1 year: Months 8, Days 9
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Thomas Stribling
13b. MOTHER'S MAIDEN NAME: Nancy D. Moncrieff
14. NAME OF HUSBAND OR WIFE: Flossie Pettit Striblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 441-09-8832
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Claudine Lindsey, 726 Benton, Valley Park

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple arterial emboli — 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) Arteriosclerosis Fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene both legs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4331
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-28, 1953, *to* 2-10, 1953 *that I last saw the deceased alive on* 2-10, 1953, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Coleman M.D.
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-11-1953
24c. NAME OF CEMETERY OR CREMATORY: Kirksville
24d. LOCATION (City, town, or county) (State): Kirksville, Mo.

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: JAY B SMITH, MAPLEWOOD, MO

(Licensed Embalmer's Statement on Reverse Side)

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.