

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8297

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 0517
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) OR TOWN Affton		c. LENGTH OF STAY (In this place) 1 Day		
d. FULL NAME OF HOSPITAL OR INSTITUTION Affton High School		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 49210		
		d. STREET ADDRESS (If rural, give location) 6926 Mackenzie Road ✓ 0		
3. NAME OF DECEASED (Type or Print) a. (First) Claudette		b. (Middle) C.		c. (Last) Cantrell
4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1953				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Aug. 12, 1937
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Affton High School		11. BIRTHPLACE (City and State or Foreign Country) Tacoma, Wash. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Ralph E. Cantrell		13b. MOTHER'S MAIDEN NAME Evelyn Mirth Weatherby		14. NAME OF HUSBAND OR WIFE None
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. 498-38-8932		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph E. Cantrell 6926 Mackenzie Rd.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Auto ventricular fibrillation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Aortic stenosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>				
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>5-19-1952</i> to <i>2-5-1953</i> , that I last saw the deceased alive on <i>2-5-1953</i> , and that death occurred at <i>Unk. m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Robert H. Keith</i>		23b. ADDRESS (Degree or title) <i>M.D. C. Hampton College Med. Bldg.</i>		23c. DATE SIGNED <i>2-12-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Feb. 13, 1953		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. <i>2-12-53</i>		REGISTRAR'S SIGNATURE <i>Herbert H. Domb - M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</i>

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

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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

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.