

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11379
 State File No.
 Registrar's No. 2497

FILED MAR 31 1953
 BIRTH NO. 17642 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity			d. STREET ADDRESS (If rural, give location) 12 5514 Pershing Avenue 0			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Clemens c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 5 1953			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH March 5 1953	9. AGE (In years last birthday) 1 55	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Byron Clemens		13b. MOTHER'S MAIDEN NAME Dorothy Mae Rightler		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John & Dorothy Clemens		ADDRESS		
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) 1 Prematurity Incompatible with life 20 weeks. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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
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)		774X		
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 3/5, 1953, to 3/5, 1953, that I last saw the deceased alive on 10 AM 3/5/1953, and that death occurred at 10A m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) John S. Hobbs, M.D.			23b. ADDRESS 6308 S. Kingshighway		23c. DATE SIGNED 3/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo			
DATE REC'D BY LOCAL REG. MAR 6 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE Sullinane Bros.		ADDRESS 3320 N. Kingshighway	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Fred Frick

Signed.....

Student Embalmer

Licensed Embalmer No. 3186

NOT EMBALMED

P. O. Address St. Louis, Mo.

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.