THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23312

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 1579

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): D.O.A
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 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): BRENTWOOD 4511
d. STREET ADDRESS (If rural, give location): 8747 BRENTWOOD-RL

3. NAME OF DECEASED (Type or Print): a. (First) BESSIE b. (Middle) — c. (Last) McLAREN

4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 53

5. SEX: F **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED **8. DATE OF BIRTH:** 4-27-1887 **9. AGE** (In years last birthday): 66 If under 1 year: Months 1 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT-HOME
11. BIRTHPLACE (City and State or Foreign Country): PORTLAND MAINE
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: JOHN CLANCY
13b. MOTHER'S MAIDEN NAME: MARGARET-CARNEY
14. NAME OF HUSBAND OR WIFE: ALMONT-McLAREN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: ALMONT-McLAREN-8747 BRENTWOOD,

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) Coronary thrombosis — Interval between onset and death: 5/19/53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis-Sev
DUE TO (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral thrombosis — 7/8/51

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 7-8, 1951, *to* 6-5, 1953, *that I last saw the deceased alive on* 6-2, 1953, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis T. Howe M.D.
23b. ADDRESS: 8806 Harison Brentwood 17 Mo
23c. DATE SIGNED: 6/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-8-53
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Herbert R. Dimke-M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: A.B. SMITH-MAPLEWOOD MO
(Licensed Embalmer's Statement on Reverse Side)

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 W. E. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.