

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13294**
3556

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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)
St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis 21790

d. FULL NAME OF HOSPITAL OR INSTITUTION
Park Lane Hosp.

d. STREET ADDRESS (If rural, give location)
4057 Castleman Ave

3. NAME OF DECEASED
a. (First) Scott b. (Middle) Winfield c. (Last) Clasbill

4. DATE OF DEATH (Month) (Day) (Year)
April 19 1954

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH
March 10, 1880

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
74 / 1 / 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Railroad Man

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and State or Foreign Country)
Robertsville Mo.

12. CITIZEN OF WHAT COUNTRY?
Mo.

13a. FATHER'S NAME
William Clasbill

13b. MOTHER'S MAIDEN NAME
Luckman

14. NAME OF HUSBAND OR WIFE
Nellie Clasbill

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Verline Clasbill 4057 Castleman Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Interstatal nephritis.
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis.
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
Strangulated hernia repaired 3-6-54.

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)
4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 1-14-54, 1954, to 4-19-54, 1954, that I last saw the deceased alive on 4-19-54, 1954, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE
Verline J. Smith M.D.

23b. ADDRESS
4930 Lindell Blvd. St. Louis, Missouri

23c. DATE SIGNED
4-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
April 22/54

24c. NAME OF CEMETERY OR CREMATORY
Robertsville Ceuatery

24d. LOCATION (City, town, or county) (State)
Robertsville Mo.

DATE REC'D BY LOCAL REG.
APR 20 1954

REGISTRAR'S SIGNATURE
J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. Bull-Campbell Mortuary 5165 Helms St.

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

Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis 8 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.