

STANDARD CERTIFICATE OF DEATH

State File No. **44209**

FILED JAN 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2967

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson  
 c. LENGTH OF STAY (In this place) 3 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Knoll Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY OR TOWN Ferguson 4109  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 37 N. Clark

3. NAME OF DECEASED (Type or Print)  
 a. (First) Clara b. (Middle) Blanchard c. (Last) Prince  
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
 8. DATE OF BIRTH May 5, 1861 9. AGE (In years last birthday) 93 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. 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 Home  
 11. BIRTHPLACE (City and State or Foreign Country) Yarmouth, Maine.  
 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William Gooding Jr. 13b. MOTHER'S MAIDEN NAME Mary Prince 14. NAME OF HUSBAND OR WIFE Harlan P. Prince

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. None  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. H. Wallingford, Ferguson, MO

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular disease  
 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 4 days  
unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4221

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) \_\_\_\_\_ 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 Dec 5, 1949 to Dec 24, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 2:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littman M.D. 23b. ADDRESS 8231 Clayton Rd (17) 23c. DATE SIGNED 12/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 12-24-54 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 12-24-54 REGISTRAR'S SIGNATURE Herbert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.

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.....  
Signature of Student Embalmer

Signed.....  
*No Embalmer*  
*L. M. White*

Licensed Embalmer No. *397*

P. O. Address *Berger*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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