

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10590

State File No.

FILED APR 4 1955

BIRTH NO. 20334-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 682

Head 0

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

1. PLACE OF DEATH a. COUNTY <u>NORMANDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>St. Ann's 407</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANDY Osteopathic Hospital</u>		STREET ADDRESS (If rural, give location) <u>3623 d solda</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RONNIE</u> b. (Middle) <u>RAY</u> c. (Last) <u>CLARDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>	8. DATE OF BIRTH <u>MARCH 19-1955</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days <u>2</u> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				

13a. FATHER'S NAME <u>Chester Clardy</u>	13b. MOTHER'S MAIDEN NAME <u>MACK</u>	14. NAME OF HUSBAND OR WIFE <u>Chester CLARDY</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Chester Clardy-3623 Solda</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>774X</u>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-19-55, to 3-22-55, that I last saw the deceased alive on 3-22, 1955 and that death occurred at 5:00 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Richard B. Brown</u>	23b. ADDRESS <u>3335 Brown Rd</u>	23c. DATE SIGNED <u>3-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston MO</u>
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DATE REC'D BY LOCAL REG. <u>3/24/55</u>	REGISTRAR'S SIGNATURE <u>Richard B. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Baumman Beer 2502 W. Main St. Overland MO</u>
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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 *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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.