

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35568

| | | | | | | | | | |
|--|--|--|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>312</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2318</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warson Woods</u> | | | c. LENGTH OF STAY (in this place) <u>13 yrs.</u> | c. CITY OR TOWN <u>Warson Woods</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1604 Dearborn Dr.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1604 Dearborn Dr.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEMENCE</u> | | b. (Middle) <u>R.</u> | | c. (Last) <u>ROE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1955</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 26, 1883</u> | | 9. AGE (in years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 12 HRS. Days <u>11</u> Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Max Nulsen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minerva Hickey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles A. Roe, Sr.</u> | | | | | |
| 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 ADDRESS <u>Chas. A. Roe, Sr. Warson Woods, Mo.</u> | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Under 1 year</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Cerebral arteriosclerosis</u> | | years <u>33</u> | | | | |
| | | | DUE TO (c) <u>Hypertension</u> | | years <u>33</u> | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u> | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>334x</u> | | | | | | 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) | | | | | |
| 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 <u>Mar 10, 1947</u> to <u>Oct 7, 1955</u> , that I last saw the deceased alive on <u>9/28, 1955</u> , and that death occurred at <u>12:10 Pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Sam F. Leavelle M.D.</u> | | | | 23b. ADDRESS <u>35 NW Central St</u> | | 23c. DATE SIGNED <u>10/7/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/8/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>10-8-55</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Doube M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Boff, Inc. Kirkwood Mo.</u> | | | | | |

6-6 (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.....
Signature of Student Embalmer

Signed *Felix Hernandez*.....

Licensed Embalmer No. *309*.....

P. O. Address *Kukuwoa*.....

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.