

Health, Welfare, Public Service  
 000-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, Coroner, etc. must use only standard nomenclature in item 18. The symptoms which are stated in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

28777

STATE FILE NUMBER 308

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 308

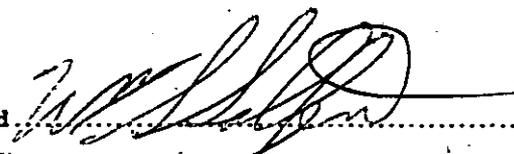
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Glendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb 1 day		27 STREET ADDRESS 786 Glenway Drive		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jane P. Klamon				4. DATE OF DEATH Month Day Year January 10, 1957				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 1st. 1922		9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child Welfare			10b. KIND OF BUSINESS OR INDUSTRY Bd. of Education		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Walden Porter				14. MOTHER'S MAIDEN NAME Frances Reilly				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Charles Klamon 786 Glenway Drive				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lupus-erthematosus disseminatus</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Tracheal Edema 24 hours (Tracheotomy)</u>  Interval Between Onset and Death 7 yrs.  O.K. Joseph M. J. 1/14/57								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 456x					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1/9/57 to 1/10/57 and last saw her/him alive on 1/10/57 Death occurred at 11:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE F. R. Bradley (Degree or title) FR Bradley M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/10/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-12-1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri			
24. FUNERAL DIRECTOR Arthur J. Donnelly (Licensed Embalmer's Statement on Reverse Side)			25. DATE RECD. BY LOCAL REG. JAN 11 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. J.P.			

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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.....  


Licensed Embalmer No. 46

P. O. Address 3849

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.