

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023100
State File No. 1452

FILED JUL 1 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1452

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| 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>Overland</u> | | c. CITY OR TOWN <u>Overland</u> <u>423X</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | • STREET ADDRESS (If rural, give location) <u>10393-Midland Avenue</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Overland Restorium</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clementine</u> b. (Middle) <u>Kathryn</u> c. (Last) <u>Peerman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1957</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARITAL STATUS (Indicate by check) <u>WIDOWED</u> WIDOWED, DIVORCED, SEPARATED | 8. DATE OF BIRTH <u>Mar. 7, 1871</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 1 HRS. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) ✓ <u>Mt. Vernon, Ind.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Fayette Tadlock</u> | 13b. MOTHER'S MAIDEN NAME <u>Georgiana Esque</u> | 14. NAME OF HUSBAND OR WIFE <u>James H. Dcd.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Siemers 10393 Midland Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>about two years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident, suspected</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral and generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) |
| 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 June 6, 1957, to June 6, 1957 that I last saw the deceased alive on June 6, 1957 and that death occurred at 2:55 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>G. H. Berndsen, M.D.</u> | 23b. ADDRESS <u>9721 Manchester Rock Hill 19 Mo</u> | 23c. DATE SIGNED <u>6-7-57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-10-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Evansville, Ind.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-7-57</u> | REGISTRAR'S SIGNATURE <u>Herbert A. Berndsen</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumann Bros 2504 Woodman Rd-Overland Ill Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *David C. Gibson*

Licensed Embalmer No. *3457*

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.