

Health, Welfare & Public Services
 300-1-50
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		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 Florissant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Florissant 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. Box 367A		Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) R.R. Box 367A

3. NAME OF DECEASED (Type or print) First John Middle M. Last Clement			4. DATE OF DEATH: Month June Day 21 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 18, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Clement			14. MOTHER'S MAIDEN NAME Frances Fleumpe		

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. unknown	17. INFORMANT Mrs. Mamie Clement R.R. Box 367A	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 331X
20c. TIME OF INJURY Hour 11:25 Month Nov Day 56 Year 57 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 Florissant	COUNTY	STATE
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21. I attended the deceased from **NOV 56** to **6/21/57** and last saw her alive on **6/14/57**
 Death occurred at **11:25** a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bishop	(Degree or title)	22b. ADDRESS Florissant	22c. DATE SIGNED 6/22/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-24-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 6-22-57	26. REGISTRAR'S SIGNATURE Herbert B. Domlehner

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. 378

P. O. Address St. Louis

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.