

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 26 1957 STANDARD CERTIFICATE OF DEATH

State File No. 29221

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7231

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2366 S. 39th ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY _____
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 2366 S. 39th ST.

3. NAME OF DECEASED (Type or Print)
a. (First) CLARA b. (Middle) BLACK c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1957

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH SEPT 17 1875 9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 Wks. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW 10b. KIND OF BUSINESS OR INDUSTRY AT Home 11. BIRTHPLACE (City and State or Foreign Country) Jonesville Michigan 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME THOMAS RIDINGS 13b. MOTHER'S MAIDEN NAME ANNA HARRISON 14. NAME OF HUSBAND OR WIFE JOHN BLACK (DECD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME EDWARD BLACK ADDRESS 2366 S. 39th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat stroke INTERVAL BETWEEN ONSET AND DEATH one day
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES _____ 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.) E9319

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 2

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/21, 1956, to 7/30, 1957, that I last saw the deceased alive on 7/30, 1957, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE ac maller, MD (Degree or title) 23b. ADDRESS 607 NE-rand. 23c. DATE SIGNED 8/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Aug. 3 1957 24c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL OFFICE AUG 2 57 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutie ADDRESS 2906 Grand

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

012-4272

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 *Leif Burde*.....
Licensed Embalmer No. *390*.....
P. O. Address *St. Louis*.....

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.