

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41848

FILED DEC 10 1957

STATE FILE NUMBER  
11519

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11519

V. S. 300  
Rev. 1-57

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.  
 Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>5401 Beacon Avenue</b>
3. NAME OF DECEASED (Type or print) First <b>ELSIE</b> Middle <b>SOPHIE</b> Last <b>CLODFELTER</b>		4. DATE OF DEATH <b>NOVEMBER 30, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 8, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Waterloo, Illinois</b>
13a. FATHER'S NAME <b>Fred Spellmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Gardner</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Geo. Clodfelter</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mr. George Clodfelter, 5401 Beacon Ave 20</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>DISSEMINATED LYMPHOSARCOMA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 MONTHS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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). <b>200.</b>			19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 <b>NOV. 9, 1957</b> to <b>NOV. 30, 1957</b> and last saw her alive on <b>NOV. 30, 1957</b> Death occurred at <b>12:00 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. P. Vermillion, M.D.</i> (Degree or title)		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>11/30/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 2 '57</b>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <b>M. J. B.</b>

STATEMENT BY LICENSED EMBALMER

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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 *Ralph C. Zindus*.....

Licensed Embalmer No. *4275*.....

P. O. Address *St. Louis, Mo*.....

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.