THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011476
STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3016

1. PLACE OF DEATH
a. COUNTY [illegible]
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cardinal Glennon Hosp. — Length of stay in 1b 4 Months
39

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY [illegible]
c. CITY OR TOWN St. Louis — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 1939 Madison Street — Reside on Farm Yes No X
226

3. NAME OF DECEASED (Type or print) First Madonna Middle Grace Last Clouse
4. DATE OF DEATH Month 3 Day 14 Year 58
5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH 7/31/48
9. AGE (In years last birthday) 9 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Minor
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Clouse
14. MOTHER'S MAIDEN NAME Grace Hartley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mr. William Clouse - 1939 Madison Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertention
DUE TO (c) Chronic Renal Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pneumonia; Renal Rickets with Adrenal Hyperplasia 592X
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT SUICIDE HOMICIDE
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 WORK NOT WHILE AT WORK
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 March 58, to 14 March 58 and last saw her/him alive on 13 March 58.
Death occurred at 7:30 AM 14 March 58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester E Wall Jr. M.D.
22b. ADDRESS Cardinal Glennon Mem. Hospital
22c. DATE SIGNED 14 March 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE March 17, 1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair
25. DATE RECD. BY LOCAL REG. MAR 15 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clement McJe

Licensed Embalmer No. 37

P. O. Address W. Lau

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.