

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026834
State File No.

BIRTH NO. 50111-5P REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1093 Registrar's No. 7008

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>7</u>			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>3169 3954 So GRAND BLVD</u>			
3. NAME OF DECEASED a. (First) <u>JOAN</u>		b. (Middle) <u>DAVIS</u>		c. (Last) <u>CLASPIH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-1958</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEV. MARRIED</u>		8. DATE OF BIRTH <u>7-4-1958</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>- - 10 - -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>	
12. CITIZENSHIP OF THAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>RICHARD CLASPIH</u>		13b. MOTHER'S MAIDEN NAME <u>THEMA OTT.</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give no. or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>RICHARD CLASPIH</u>		18. ADDRESS <u>3954 So Grand Bl</u>			

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>763.0</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/15/58</u>	
24a. BURIAL CREMATION (Specify)		24b. DATE <u>7-15-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>			

DATE REC'D BY LOCAL REG. <u>JUL 15 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>3819 So Grand Blvd</u>	

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

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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 *Geo. J. Embalmer*
Geo. J. Embalmer
Licensed Embalmer No. 4611

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.