URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 1959

59-042773

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3101

NDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b: 1da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Webster Groves — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 602 Cornell St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: RUTH Middle: Last: Clemons

4. DATE OF DEATH Month 11 Day 19 Year 59

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-29-82

9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) Martin Tenn

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Geo. McCall

13b. MOTHER'S MAIDEN NAME Mattie

14. NAME OF HUSBAND OR WIFE Enloe Clemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT Address ENLOE CLEMONS - Webster Groves

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia and Renal Acidosis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Renal Disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 Nov. 19-1959, to Nov. 19-1959 and last saw her/him alive on November 19, 1959
Death occurred at 8 05 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Romuelle M.D.

22b. ADDRESS 601 S. Brentwood Bl.

22c. DATE SIGNED 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-24-59

23c. NAME OF CEMETERY OR CREMATORY Father Dickson

23d. LOCATION (City, town, or county) Crestwood (State) Mo

24. FUNERAL DIRECTOR ADDRESS Lewis Funer al Home 22 Euclid

25. DATE RECD. BY LOCAL REG. NOV 23 1959

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James A Carter

Signature of Student Embalmer

Licensed Embalmer No. 4 68

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.