

-MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033518
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8765

FILED SEP 12 1963

VS 300 Rev. 4/59	DATE AMENDED	
1		
2		215
3		
4		1
5		1
6		
7		0
8		1
9		
10		
11		
12		6/0
13		
61		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4219 WALSH Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELLEN C CLEMENS			4. DATE OF DEATH Month Day Year AUGUST 28 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 22, 1899
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days 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	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY U-S-A		13a. FATHER'S NAME JOHN PALUBIAK	
13b. MOTHER'S MAIDEN NAME KATHERINE KRATKY		14. NAME OF HUSBAND OR WIFE WILLIAM F CLEMENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT WILLIAM F CLEMENS		Address 4219 WALSH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebro-vascular thrombosis DUE TO (b) Hypertensive C.V. disease DUE TO (c) Uncertain Conditions, if any, which gave rise to above cause (a), (b), and (c) last. 443x			INTERVAL BETWEEN ONSET AND DEATH 19 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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.) none	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 Aug 27, 1963 to Aug 28, 1963 and last saw her alive on Aug 28, 1963 Death occurred at 3:05 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry R. Oppenheuser, M.D.		22b. ADDRESS 55 N. Central Ave., Clayton, MO.	
22c. DATE SIGNED Aug 29, 1963		22d. SIGNATURE Paul Smith, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT 3, 1963	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.		25. DATE RECD. BY LOCAL REG. AUG 30 1963	
24. FUNERAL DIRECTOR Thomas Xutis 2906 Gravois		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Appenheimer

Next Exam OK

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 *J. G. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *2906 Graves*

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.