

Registration District No. 018

Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days) ALL HER LIFE

3: (a) PRINT FULL NAME CLARA FRANCES BLAND

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 3 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 8 hr. min.

9. Birthplace: SPRINGFIELD MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name SAMUELA LARIMORE

13. Birthplace NEW HAVEN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name CARRIE RUCKER

15. Birthplace HERMAN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Donald L Bland
(b) Address: 333 Couch Kirkwood

17. (a) BURIAL (b) Date thereof: JULY 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: OAK HILL CEM.

18. (a) Signature of funeral director: PARKER UND CO
(b) Address: WEBSTER GROVES MO.

19. (a) JUL 13 1948 (b) J. F. Baedek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 333 COUCH AVE
N.R. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11
year 1948 hour 4 minute 25 M.
21. I hereby certify that I attended the deceased from 2-7-1948 to 7-11-1948
that I last saw her alive on 7-11-1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Intestinal obstruction
Toxemia
Due to Chr. Cholecystitis
Due to Cholelithiasis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
5 days
10-year
10-year

Major findings:
- Of operations: Intestinal obstruc-
tion - small bowel by gall
stones
- Of autopsy: refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work () Means of injury _____
23. Signature Louis F. Howe (M. D. or other) M.D.
Address 1511 Brentwood Blvd Date signed _____

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Maple Grove

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 this body is not embalmed, fact should be so stated above.