

S. No. 300  
V. 10-48

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20886  
Registrar's No. 5147

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY adw	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 10 Wks		d. STREET ADDRESS (If rural, give location) 3 - 6810 Marquette	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Evangelical Deaconess Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) C. c. (Last) Clendenin			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 22 1883	9. AGE (In years last birthday) 66	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) Railroad Clerk		10b. KIND OF BUSINESS OR INDUSTRY B&O		11. BIRTHPLACE (State or foreign country) Lebanon Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas Murry Clendenin		13b. MOTHER'S MAIDEN NAME Sue B. Brown		14. NAME OF HUSBAND OR WIFE Pearl Stoeppelman Clendenin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 705-07-0887		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Pearl S. Clendenin 6810 Marquette	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphosarcoma, Reticulum cell type involving neck, abdomen, pancreas nodes</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 to 6 months</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>grows + metastasizes.</i>		
11. OTHER SIGNIFICANT CONDITIONS <i>arteriosclerosis, generalized</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Biopsy of right tonsil and left cervical node revealed above condition</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St Louis</i>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <i>Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>50 ft fall</i>	

22. I hereby certify that I attended the deceased from *3/25/49, 1949*, to *12 June, 1949*, that I last saw the deceased alive on *June 12, 1949*, and that death occurred at *7:20 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joseph Edwards</i>		23b. ADDRESS <i>3720 Washington Blvd. St Louis</i>		23c. DATE SIGNED <i>6/13/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 15 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co Mo</i>	

DATE REC'D BY LOCAL REG. <i>JUN 14 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Fasales</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander &amp; Son</i>	ADDRESS <i>16175</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

*X* *He has not been treated.*

**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 .....

Student Embalmer

Signed jos. E. McCallum

Licensed Embalmer No. 2760

P. O. Address 6175 Pellmar

**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.