

FILED DEC 14 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39277

State File No.

318

1003

Registrar's No. 10497

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10497	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.				a. STATE Missouri.		b. COUNTY	
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 5539 Waterman Ave.,				d. STREET OR ADDRESS (If rural, give location) 18 = 5539 Waterman Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) CLARA		b. (Middle) HANCOCK		c. (Last) SCUDDER.	
4. DATE OF DEATH		(Month) Dec		(Day) 5,		(Year) 1949.	
5. SEX Female.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH Feb'y 14, 1857.	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel J. Hancock.			13b. MOTHER'S MAIDEN NAME Mary Learned.			14. NAME OF HUSBAND OR WIFE William A. Scudder.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marian G. Scudder, 5539 Waterman Ave.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (of) ARTERIO SCLEROSIS, GEN. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. QUESTIONABLE GASTRO-INTESTINAL HEMORRHAGE - CAUSE UNDETERMINED				INTERVAL BETWEEN ONSET AND DEATH YEARS YEARS 2 DAYS	
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) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS - MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HURT			
22. I hereby certify that I attended the deceased from JAN 14, 1949, to DEC 5, 1949, that I last saw the deceased alive on DEC 4, 1949, and that death occurred at 6:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Harry Agers				23b. ADDRESS 634 N. GRAND		23c. DATE SIGNED 12/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/49		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. DEC 6 1949		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blvd.,			

(Licensed Embalmer's Statement on Reverse Side)

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

Wed
10 22 0

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clarence H. Murray
Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.)

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