No. 300
10.48

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16932

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2360

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

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 29 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 2416
d. STREET ADDRESS (If rural, give location): 3770 MERCIER STREET

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOSEPH
b. (Middle): W.
c. (Last): ST. CLAIR

**4. DATE OF DEATH** (Month) (Day) (Year): MAY-23-1950

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: NOV-9-1907
**9. AGE** (In years last birthday): 42 YEARS — 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): PAYMASTER
**10b. KIND OF BUSINESS OR INDUSTRY**: J.A. TOBIN CONSTRUCTION CO.
**11. BIRTHPLACE** (State or foreign country): LEXINGTON, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: HARRY K. ST. CLAIR SR.
**13b. MOTHER'S MAIDEN NAME**: ELIZABETH O. ALFORD
**14. NAME OF ~~HUSBAND OR~~ WIFE**: MRS. ELIZABETH J. ST. CLAIR

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -
**16. SOCIAL SECURITY NO.**: 495-12-0731
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. ELIZABETH J. ST. CLAIR — ADDRESS: 3770 MERCIER ST. KANSAS CITY, MO.

**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* (a): Acute Hepatitis (yellow atrophy) — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Ascites — 4 months
DUE TO (c): — 580X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Secondary Anemia — 8 months

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☒ NO ☐

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 11, 1949, *to* May 23, 1950, *that I last saw the deceased alive on* May 22, 1950, *and that death occurred at* 4:50 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** C.W. Rose (Degree or title): C W Rose M.D.
**23b. ADDRESS**: 1031 N. Elmwood
**23c. DATE SIGNED**: May 23 50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: MAY-25-1950
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: MT. MORIAH CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 5-25-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. Newsomer's Sons — ADDRESS: 1331 BROSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

130-5

## 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 Doyle D. Daniel

Licensed Embalmer No. 4707

P. O. Address Kansas City, Missou

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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