

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25370

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6626**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **City of St. Louis** c. LENGTH OF STAY (in this place) **M/15/48/P/11/50**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2019**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary** e. STREET ADDRESS (If rural, give location) **4135 Wilmington**

3. NAME OF DECEASED
a. (First) **Clementine** b. (Middle) _____ c. (Last) **Van Mierlo** 4. DATE OF DEATH (Month) (Day) (Year) **8-1-1950**

5. SEX **Female** 6. COLOR OF RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **May 30, 1869** 9. AGE (In years last birthday) **81** 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) **Home** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (State or foreign country) **Belgium** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Edward**

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. **---** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Louis VanMierlo--4135 Wilmington**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **Few Min.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Post Pernicious Anemia -- Cachexia** **many yrs.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **2176**

22. I hereby certify that I attended the deceased from **October, 1948**, to **August, 1950**, that I last saw the deceased alive on **August 1, 1950**, and that death occurred at **7:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John Toben Kirk, M.D. Acting Medical Director** 23b. ADDRESS **5344 Vernon Av. St. Louis, Mo.** 23c. DATE SIGNED **8/2/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/4/50** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG. **AUG 3 1950** REGISTRAR'S SIGNATURE **J. B. Fasater** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wacker-Weldene 3634 Gravois**

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank J. Ireland

Signed.....

Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *Perkins*

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.