

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34670**
8374
Registrar's No. _____

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 Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (In this place) 50 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) 21 st 0 TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | d. STREET ADDRESS (If rural, give location) 4384 Laclede | |

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|--|------------------------|--|--|--|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Clemens c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) October 2, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated | 8. DATE OF BIRTH March 27, 1881 | | 9. AGE (In years last birthday) 69 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Austria 4 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|--|-------------------------|---|--|--|--|
| 13a. FATHER'S NAME Clemens, John | | 13b. MOTHER'S MAIDEN NAME Baumgartner, Marie | | 14. NAME OF HUSBAND OR WIFE Art, Julia (separated) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Clemens | | | |

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|---|--|---|--|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | 2 days |
| | | DUE TO (b) Massive Atelectasis, R. | | | |
| | | DUE TO (c) Carcinoma of anus and recto-sigmoid | | | 1 yr. |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|---|--|--|--|
| 19a. DATE OF OPERATION 9-28-50 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of anus and recto-sigmoid. | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 157HX | | | |

22. I hereby certify that I attended the deceased from 9-14, 1950, to 10-2, 1950, that I last saw the deceased alive on 10-1, 1950, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

| | | | | | |
|--|-------------------------------------|--|--|--------------------------|--|
| 23a. SIGNATURE Charles S. Stewin (Degree or title) M. D. | | 23b. ADDRESS 1325 S. Grand Blvd. | | 23c. DATE SIGNED 10-3-50 | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | 24b. DATE OCT 5-50 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| DATE REC'D BY LOCAL REG. OCT 4 1950 | REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette av. | | |

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

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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:

Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.