S. No. 300
v. 10.48

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5957

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1084

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 4345 a Manchester

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle):
c. (Last): Claspill

4. DATE OF DEATH (Month) (Day) (Year): 1 - 31 - 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-16-1889
9. AGE (In years last birthday): 61
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): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Rolla Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Easter
13b. MOTHER'S MAIDEN NAME: America Ann Black
14. NAME OF HUSBAND OR WIFE: Pete

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.: 496-14-6566
17. INFORMANT'S SIGNATURE OR NAME: Rufus Claspill
ADDRESS: 4345 a Manchester

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) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart Dis
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* 12-23, 1950, *to* 1-31, 1951, *that I last saw the deceased alive on* 1-31, 1951, *and that death occurred at* 830 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Kennedy MDCM
23b. ADDRESS: 508 No Grand
23c. DATE SIGNED: 2-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-3-1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Valhalla
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: FEB 3 1951
REGISTRAR'S SIGNATURE: J B Lanster
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rowland Mortuary 4104 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Signed.....
Student Embalmer

Licensed Embalmer No. 3114

P. O. Address St Louis 10 M

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.