

FILED MAR 6 1951

STANDARD CERTIFICATE OF DEATH

6388
 State File No. 1069

318

1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		4524		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4530a West Papin street				d. STREET ADDRESS (If rural, give location) 7328 Flora avenue				
3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) AMANDA c. (Last) MC CLANAHAN			4. DATE OF DEATH (Month) (Day) (Year) Feb 1 51					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH Aug 18, 1880		
9. AGE (in years last birthday) 70		10. MONTHS 5		11. DAYS 13		12. IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Cloverport, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Hambleton			13b. MOTHER'S MAIDEN NAME Mary Adele Fisher		14. NAME OF HUSBAND OR WIFE Clifton McClanahan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James McClanahan ADDRESS 2619 Big Bend road				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 days		
*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) Hypertension, essential						years _____		
DUE TO (c) arteriosclerosis, generalized						years _____		
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left breast (Radical mastectomy 5-0-1950) + Tumor - 5+ mm (Hospital)						6 months		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
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) none		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321XH				
22. I hereby certify that I attended the deceased from Jan 31, 1951 , to Feb 1, 1951 , that I last saw the deceased alive on Jan 31, 1951 , and that death occurred at 5:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE Joseph R. Edwards M.D. (Degree or title)				23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 2/1/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE REC'D BY LOCAL REG. FEB 3 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood, Mo.				

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.....

H. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.