

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4555
Registrar's No. 4555

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		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 ST. LOUIS. 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1918 PESTALOZZI		e. STREET ADDRESS (If rural, give location) 1918 PESTALOZZI			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) BELLE		c. (Last) YOUNG	
4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH FEB 21 1890		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES LOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME OLGA WERNER		ADDRESS 2909 S ALENA			
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) Chronic glomerular nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 years			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) _____	
				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 <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 592X	
22. I hereby certify that I attended the deceased from 9-15, 1950, to 5-14, 1951, that I last saw the deceased alive on 5-14, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Oley S Jones		23b. ADDRESS 3616 S Bldg; St Louis		23c. DATE SIGNED 5-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAY 16 1951		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ruten 2906 Bravis Ave			
DATE REC'D BY LOCAL REG. MAY 15 1951		REGISTRAR'S SIGNATURE J. B. Lassiter		ADDRESS	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4347

P. O. Address 2906 Howard

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.