

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14527**
Registrar's No. **3649**

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 Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 202 Brierton Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran			

3. NAME OF DECEASED (Type or Print) WALTER A. McCLANAHAN			4. DATE OF DEATH (Month) (Day) (Year) April 14-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1912		
9. AGE (in years last birthday) 39		IF UNDER 1 YEAR 5 Months 19 Days		IF UNDER 12 HRS. 19 Hours 15 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker		10b. KIND OF BUSINESS OR INDUSTRY P.P.G. Co.		11. BIRTHPLACE (City and State or Foreign Country) Bloomdale, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Arthur McClanahan		13b. MOTHER'S MAIDEN NAME Ellen Carron Warene		14. NAME OF HUSBAND OR WIFE _____	
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 Mrs. Walter McClanahan ADDRESS Crystal City, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Corynebacterium		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS 20 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Banquine Gall bladder		
	DUE TO (c) Cholecystitis acute with cholelithiasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 4/3/52		19b. MAJOR FINDINGS OF OPERATION Banquine Gall bladder with cholecystitis acute & cholelithiasis.		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) 58HX	
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? _____	

22. I hereby certify that I attended the deceased from **3-30-52** to **4-14**, 19**52**, that I last saw the deceased alive on **4-13**, 19**52**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE Albert H. Carson M.D. (Degree or title)		22b. ADDRESS 304 St. Louis Mo.		22c. DATE SIGNED 1/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-52		24c. NAME OF CEMETERY OR CREMATORY Catholic	
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.					

DATE REC'D BY LOCAL REG. APR 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Palitte ADDRESS Crystal City, Mo.	
---	--	---	--	--	--

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gentry R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo

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.