

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44712
State File No. _____
Registrar's No. 11978

FILED JAN 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital		d. STREET ADDRESS (If rural, give location) 12 4705 A Washington Ave	
3. NAME OF DECEASED (Type or Print) Clara		4. DATE OF DEATH (Month) (Day) (Year) 12. 27 52	
5. SEX Female 3		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
6. COLOR OR RACE Negro		8. DATE OF BIRTH May 2, 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME Thomas St. Clair		14. NAME OF HUSBAND OR WIFE William Bartlett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Robinson 4829 A ST Louis Ave	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. HOW DID INJURY OCCUR? 334X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive, on _____, 19____, and that death occurred at 10:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) _____		23b. ADDRESS 1300 Olive	
23c. DATE SIGNED 12/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24d. LOCATION (City, town, or county) (State) ST. Louis County MO	
24b. DATE 12. 31. 52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
DATE REC'D BY LOCAL REG. DEC 29 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3706 Boyd Bros Funeral Home Finney Ave	
REGISTRAR'S SIGNATURE J. Earl Smith M.D.			

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 *Henry C. Williams*

Signed.....
Student Embalmer

Licensed Embalmer No. 4781

P. O. Address 1205 Walton Ave

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.