

FILED FEB 11 1953

318

1003

Registrar's No. 0511

BIRTH NO.		REG. DIST. NO.		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 St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 9 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Bluffs Hill Pine Lawn		d. STREET ADDRESS (If rural, give location) 5732 Gaylord Drive. 4141			
3. NAME OF DECEASED (Type or Print) a. (First) Clementine Powers b. (Middle) c. (Last) Powers			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1953.						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 29, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 MO. Days	IF UNDER 1 HR. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Blume		13b. MOTHER'S MAIDEN NAME Mary Jungman		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Margaret LaBeau, 5732 Gaylord Dr.					
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) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease?</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Nephrosclerosis, Generalized Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH 3 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x					
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 3:00 A. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Schulz M.D.</u>				23b. ADDRESS <u>1695 Brentwood St. Louis 17, Mo.</u>		23c. DATE SIGNED <u>1/16/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JAN 16 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.					

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

Welford G. Bussley

Licensed Embalmer No. *4708*

P. O. Address *St Louis 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.