

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6032**  
Registrar's No. **1141**

BIRTH NO. **FILED MAR 4 1954** REC. 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b> b. (Middle) <b>T.</b> c. (Last) <b>Clements</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 4 - 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1897</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>0</b> <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Alexander Cassidy</b>	
13b. MOTHER'S MAIDEN NAME <b>Tennessee</b>		14. NAME OF HUSBAND OR WIFE <b>A. Magers Alfred T. Clements</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alfred T. Clements, 4940a Miami St.</b>
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) <b>Retroperitoneal Extravasation of Bile</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> ANTECEDENT CAUSES DUE TO (b) <b>Ulceration of Common Bile Duct</b> <b>2 days</b> DUE TO (c) <b>Cholelithiasis</b> <b>2 Yrs Plus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Post Operative Adhesions</b> <b>2 yrs</b>	
19a. DATE OF OPERATION <b>27 Feb 54 2:27 PM</b>		19b. MAJOR FINDINGS OF OPERATION <b>Chronic Cholecystitis - Cholelithiasis &amp; Adhesions</b>	20. AUTOPSY? YES <input checked="" 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? <b>584X.</b>		
22. I hereby certify that I attended the deceased from <b>8 Feb, 1952</b> , to <b>4 Feb, 1954</b> , that I last saw the deceased alive on <b>3 Feb, 1954</b> , and that death occurred at <b>2:05 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Ernest Jensen M.D.</b>		23b. ADDRESS <b>634 N. Grand Blvd</b>	23c. DATE SIGNED <b>4 Feb 54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/6/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
DATE REC'D BY LOCAL REG. <b>FEB 5 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. E. Jensen  
Mo. Theatre Bldg.  
Thu. 2-5  
No. Fr. 1.

**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.....  
Signature of Student Embalmer

Signed..... *Albert R. Thompson*

Licensed Embalmer No. *423*

P. O. Address *H. J. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.