

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 36107

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9139

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) ST LOUIS,		c. CITY OR TOWN ST LOUIS,	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 4331 LEE AVE	

3. NAME OF DECEASED (Type or Print) a. (First) CLEMENTINE b. (Middle) C. c. (Last) WEITH			4. DATE OF DEATH (Month) (Day) (Year) OCT 6, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH AUG. 22, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY INDIANA		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME LUCIAN MARQUET		13b. MOTHER'S MAIDEN NAME CATHERINE SPRINGLER		14. NAME OF HUSBAND OR WIFE ANTHONY WEITH	
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 MRS BLANCHE NIFONG 4331 LEE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhagic embolism following fracture of hip on Sept 2, 1954</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u>	
ANTECEDENT CAUSES <u>fracture of hip on Sept 2, 1954</u>		DUE TO (b)		DUE TO (c)	
OTHER SIGNIFICANT CONDITIONS <u>1954 fell @ Home Sept 19</u>					

19a. DATE OF OPERATION <u>10/9/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>1954</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis, MO MO</u>	

21d. TIME OF INJURY <u>9-19-54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell at home</u> E9040	
22. I hereby certify that I attended the deceased from <u>Sept 20th, 1954</u> to <u>Oct 6, 1954</u> , that I last saw the deceased alive on <u>Oct 6, 1954</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above. <u>21</u>					

23a. SIGNATURE <u>J. Earl Smith M.D.</u>		(Degree or title)		23b. ADDRESS <u>4143a. N. Westwood</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>10/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	

DATE REC'D BY LOCAL REG. OCT 8 1954		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL 4600 NATURAL BRIDGE AVE	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Joseph
Newstead
St. J. 9111
Jury 2 to 4*

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 *M. W. Ruter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.