

FILED NOV 22 1954

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

39560

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2541

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland, Missouri</u>		c. CITY OR TOWN <u>Overland, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>10239 Lackland Road</u>			
e. STREET ADDRESS (If rural, give location) <u>10239 Lackland Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>	b. (Middle) <u>C.</u>	c. (Last) <u>ARTZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 31, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1892</u>	9. AGE (In years last birthday) <u>62</u>	If UNDER 1 YEAR Months <u> </u> Days <u> </u>	If UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Meyers</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Unk. Meyers</u>	14. NAME OF HUSBAND OR WIFE <u>Leo J.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo J. Artz, 10239 Lackland, Rd. Overland, Mo</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo +</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 21 Sept, 1954, to death, that I last saw the deceased alive on 29 Oct, 1954 and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul R. Whitener M.D.</u>	(Degree or title)	23b. ADDRESS <u>2403 Brown St. Louis (4) Mo</u>	23c. DATE SIGNED <u>2 Nov 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/3/54</u>	REGISTRAR'S SIGNATURE <u>Robert B. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home, Inc.</u>	ADDRESS <u>2301 Lafayette, St. Louis 4, Missouri</u>
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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.....
Signature of Student Embalmer

Signed *Jama R. Chapman*.....
Licensed Embalmer No. *45*.....
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.