No. 300
10-48

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

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6740

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 474

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Maplewood (1549)
d. Is Residence within limits of a city or incorporated town? Yes NA No
e. STREET ADDRESS (If rural, give location): 3118a Sutton Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JUANITA
b. (Middle): ELIZABETH
c. (Last): CLEMENT

4. DATE OF DEATH (Month) (Day) (Year): Febr. 23, 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 21, 1920
9. AGE (In years last birthday): 34 — If under 1 year: Months 10, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager
10b. KIND OF BUSINESS OR INDUSTRY: Union Welfare
11. BIRTHPLACE (City and State or Foreign Country): Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Paul Taylor
13b. MOTHER'S MAIDEN NAME: Luetta Foster
14. NAME OF HUSBAND OR WIFE: Orla G. Clement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-38-4949
17. INFORMANT'S SIGNATURE OR NAME: Orla G. Clement, above — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subcortical Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 44 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 19 55 *to* Feb 22, 19 55, *that I last saw the deceased alive on* Feb 23, 19 55, *and that death occurred at* 2:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ellsworth A. Westrup (Degree or title) M.D.
23b. ADDRESS 204 E. Big Bend, Webster Groves, Mo.
23c. DATE SIGNED 2-24-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE 2-25-1955
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 2-25-55
REGISTRAR'S SIGNATURE: Herbert R. Donlee M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JAY B. SMITH, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....H. E. Burgess.....

Licensed Embalmer No. 40 2

P. O. Address Maple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.