

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6830

State File No. _____

No. 300
10-48

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>509</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Spanish Lake</u>		c. LENGTH OF STAY (In this place) <u>2 yrs 19 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Spanish Lake</u> <u>NO 4000</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clearview Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>12501 Riverview Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>			b. (Middle) <u>M.</u>	c. (Last) <u>Clemma</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 17, 1868</u>		9. AGE (In years last birthday) <u>85</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unkwn.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unkwn.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unkwn ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Unkwn.</u>		13b. MOTHER'S MAIDEN NAME <u>Unkwn.</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T. Brady, Public Administrator</u>			
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>Central Hemorrhage.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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?			
22. I hereby certify that I attended the deceased from <u>Mar. 18, 1952</u> , to <u>Feb. 26, 1955</u> , that I last saw the deceased alive on <u>Feb. 24, 1955</u> , and that death occurred at <u>3:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur M. Ellersueck M.D.</u>			23b. ADDRESS <u>10695 Bellefontaine Rd.</u>			23c. DATE SIGNED <u>2-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>2-28-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Doyle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 No. Grand Bl.</u>			

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

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

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.)

St. Louis 20, Mo

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