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FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10546

2886

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 OR TOWN ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 7832 Ivory Avenue 20170			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) A.		c. (Last) CLABAUGH		4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 21, 1884	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired 5 yrs.)		10b. KIND OF BUSINESS OR INDUSTRY Kellogg Company		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Clabaugh			13b. MOTHER'S MAIDEN NAME Emily Robbins			14. NAME OF HUSBAND OR WIFE Ava Clabaugh	
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. 126-12-1800		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Freund - 4909 Nottingham			
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) Pulmonary infarction Pulmonary infarction ANTECEDENT CAUSES Thrombo phlebitis of calf veins DUE TO (b) Thrombo phlebitis of calf veins Arteriosclerotic heart disease DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Chr. Nephritis Chronic pyelonephritis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 3 weeks 1 yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0				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 (Month) (Day) (Year) (Hour) OF INJURY _____		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 3-9, 1956 , to 3-19, 1956 , that I last saw the deceased alive on 3-19, 1956 , and that death occurred at 7:10 p.m. from the causes and on the date stated above.							
23a. SIGNATURE William C. Schwartz Degree or title _____				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 3-20-56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 22, 1956		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. MAR 21 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker - Helderle 3634 Gravois Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1958

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.....
Robert Wheeler

Licensed Embalmer No. *21*

P. O. Address.....
Kearns

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