

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10065  
STATE FILE NUMBER  
2221

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2221

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ferguson 21 4040		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in 1b 12 hours		d. STREET # 8 Sassafras Lane (If outside, give location) ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Rev. William B. Clemmer				4. DATE OF DEATH Month Day Year March 3 1957				
5. SEX male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 23, 1866		
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (City and state or country) Bucks County Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William N. Clemmer				14. MOTHER'S MAIDEN NAME Mary Bruner				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no none			16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs. Laura White Clemmer 8 Sassafras Lane			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured aneurysm of aorta Arteriosclerosis-general Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis-general DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 24 hrs 5 years		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from January 1950 to March 3, 1957 and last saw her alive on March 3, 57. Death occurred at 11:35 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Anthony B. Day (Degree or title) M.D. 10				22b. ADDRESS 3720 Washington		22c. DATE SIGNED 3-5-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3-6-57		23c. NAME OF CEMETERY OR CREMATORY Lanark Cemetery		23d. LOCATION (City, town, or county) (State) Lanark, Illinois		
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Bl'vd				25. DATE RECD. BY LOCAL REG. MAR 6 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD		

Dr. A. B. East  
# 3720 Kirkwood  
Mon: 10:00 To 11:00 TUES.  
941 5-5856

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 *Clarence H. Murr* .....

Licensed Embalmer No. 4011 .....

P. O. Address St. Louis Mis

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.