URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-036007

FILED VS SEP 21 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8979 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in lb: 2 yrs. 4 mo. 29 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis State Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: St.Louis
c. CITY OR TOWN: Overland
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 9540 Corregidor Dr.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JULIA Middle Last CLANAHAN
4. DATE OF DEATH: Month September Day 11 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-4-02
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): formerly: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Brownfield, Ill. U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: George E. Melvin
13b. MOTHER'S MAIDEN NAME: Julia (Noel)
14. NAME OF HUSBAND OR WIFE: Phillip B. Clanahan
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.: None
17. INFORMANT: Phillip B.Clanahan Address: 9540-Corregidor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary insufficiency
DUE TO (c): Metastatic carcinoma of breast 170 X
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic cardiovascular disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 13, 1958 to Sept. 11, 1960 and last saw her alive on 9-11-60
Death occurred at 4:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Richard T. Quick M.D.
22b. ADDRESS: 5400 Arsenal St.
22c. DATE SIGNED: 9-11-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-14-60
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Park
23d. LOCATION (City, town, or county) (State): Pagedale, Mo.
24. FUNERAL DIRECTOR: Baumann Bros. Inc.
ADDRESS: 2504-Woodson Rd-Overland-14-Mo.
25. DATE RECD. BY LOCAL REG.: SEP 12 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gibso

Signature of Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overlan

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