

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046179

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12377

STATE FILE NUMBER

FILED JAN 11 1962

DATE AMENDED

INSTEAD OF

FILE NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

Amended: Site: - Vallecula
BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA. St. Luke Hospital Inside Limits Yes No

d. STREET ADDRESS 4425 Elmbank Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Selena V. Clemons

4. DATE OF DEATH Month Day Year 12 - 29 - 61

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-28-1903 9. AGE (last birthday) 58 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher 10b. KIND OF BUSINESS OR INDUSTRY Public Schools 11. BIRTHPLACE (City and state or country) Dawson Springs Ky. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Edward Collins 13b. MOTHER'S MAIDEN NAME Alice V. Howell 14. NAME OF HUSBAND OR WIFE George Clemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address George Clemons, 4425 Elmbank Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma - metastatic (1st surgery in 1946) INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 1457

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

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 1960 to death and last saw her/him alive on 12/22/61
Death occurred at 4P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Paris M.D. 22b. ADDRESS 3720 Washington 22c. DATE SIGNED 12/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1 - 4 - 62 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS W. J. Baker & Son 3201 N. Newstead 25. DATE RECD. BY LOCAL REG. JAN 2 1962 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

05418

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 Jefferson M. Clendenen
Licensed Embalmer No. 5072
P. O. Address 4535 W. 1st

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.