

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6378 -62-024497
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **6378**

FILED JUL 10 1962

VS 300 Rev. 4/59
1
2 **20**
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
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 20-yrs.	
c. FULL NAME OF HOSPITAL OR INSTITUTION 7004 Jamieson Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edna E. Clendenin		4. DATE OF DEATH Month Day Year June 26, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/8/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Netties Floral Co. Lenzburg, Illinois	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Phillip Ruester		13b. MOTHER'S MAIDEN NAME Elizabeth Schmidt	
14. NAME OF HUSBAND OR WIFE H. Clay Clendenin		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.		17. INFORMANT Address Rd. Elizabeth Allgeyer-4708 E. Concord	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIO SCLEROSIS GENERALIZED			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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 OCT 6, 1954 to JUNE 26 1962 and last saw her ^{her} alive on June 26, 1962 Death occurred at 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John T Vandover MD		22b. ADDRESS 1504 SOUTH GRAND BLVD	
22c. DATE SIGNED 6/27/62		23. NAME OF CEMETERY OR CREMATORY Lakewood Park Ceme.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 29, 1962	
23c. LOCATION (City, town, or county) St. Louis County, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.		25. DATE RECD. BY LOCAL REG. JUN 28 1962	
26. REGISTRAR'S SIGNATURE Joan Smith. M.D.		27. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

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 Delia J. Krupar

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.