

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 5070

DO NOT WRITE ON THIS STUB

9. 1

10a. 53

10b.

11. 0

12.

13. 734.1

14.

15. 7

16.

17.

18. 0

19. CREDITS

20.

VS 300
Rev. 1/68

4. 4005

5. 46

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

64012

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST IRENE		MIDDLE ALVENA	LAST Mc CLANAHAN	SEX F	DATE OF DEATH (MONTH, DAY, YEAR) Dec. 27, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 53	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) June 3, 1915	COUNTY OF DEATH St. Louis
CITY, TOWN, OR LOCATION OF DEATH Richmond Heights		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Marys Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Mo	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Clifford McClanahan		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	KIND OF BUSINESS OR INDUSTRY Home			
RESIDENCE—STATE Mo	COUNTY St. Louis	CITY, TOWN, OR LOCATION Crestwood	INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	STREET AND NUMBER 8816 Crest Oak Lane	
FATHER—NAME FIRST Edwin	MIDDLE Schwandt	LAST Schwandt	MOTHER—MAIDEN NAME FIRST Katherine	MIDDLE Bordenseick	LAST Bordenseick
INFORMANT—NAME Mr. Clifford McClanahan			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 8816 Crest Oak Lane St. Louis, Mo. 63126		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) hemorrhagic shock					
DUE TO, OR AS A CONSEQUENCE OF: Gastric ulcer				10 DAYS	
(b) Systemic Lupus Erythematosus				8 YRS	
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)				AUTOPSY (YES OR NO) 0	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (19b.) yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR 10 3 61	TO MONTH DAY YEAR death	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 12 27 68	I DID/OBSERVE OR VIEW THE BODY AFTER DEATH. DATE 12-28-68	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. M. 7-25P
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH 7:25P	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR Dec. 28, 1968	
CERTIFIER—NAME (TYPE OR PRINT) Edw Flynn		SIGNATURE <i>Edw Flynn</i>	DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR) Dec. 28, 1968	
MAILING ADDRESS—CERTIFIER 9730 E Watson Rd		STREET OR R.F.D. NO. St. Louis	CITY OR TOWN Mo	STATE Mo	ZIP 63126
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	
Burial	Sunset Burial Park	St. Louis Co.,	Mo.		
DATE (MONTH, DAY, YEAR) Dec. 30, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Alexander & Sons Town Chapel 6175 Delmar Blvd St. Louis Mo 63112				
FUNERAL DIRECTOR—SIGNATURE <i>William G. Alexander</i>	REGISTRAR—SIGNATURE <i>John Murphy</i>	DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1968			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. L

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.