

No. 2  
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-17-39  
X231559

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23341

**REC AUG 28 1941**

1003

5693

Registration District No. 17911

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: JEFFERSON HOTEL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 3 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State N. JERSEY (b) County \_\_\_\_\_  
(c) City or town ENGLEWOOD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1347 TEANECK RD  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ 2 years.

3. (a) PRINT FULL NAME EDWARD J. CLODE JR.

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. 089-10-5956

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 24 1892  
(Month) (Day) (Year)

8. AGE: Years 48 Months 50 Days 11 16 If less than one day hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name Edward Clode

13. Birthplace Canada (City, town, or county) (State or foreign country)

14. Maiden name Eva Beard

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. J. Clode Jr

(b) Address West Englewood

17. (a) REMOVAL (b) Date thereof 7-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD, N. J.

18. (a) Signature of funeral director Albert H. ...

(b) Address 4700 Washington Blvd

19. (a) JUL 10 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1941 hour 13 minute 1 M.

21. I hereby certify that I attended the deceased from July 9 1941 to July 10 1941; that I last saw him alive on July 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature George ... M. D. or other \_\_\_\_\_

Address 812 Olive Street Date signed 7/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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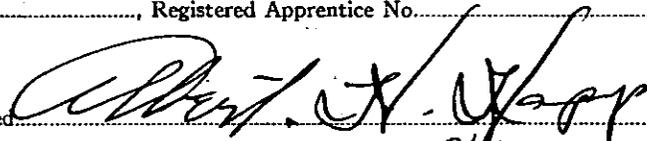
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**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1861.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**