

S. No. 2
M-9.4.41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38592

State File No.

FILED DEC 21 1942

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 10337

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis OI Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 am Nov 27/42
(Specify whether)

In this community to Dec 10/42
years, months or days

2. USUAL RESIDENCE OF DECEASED: 449

(a) State Illinois (b) County 11

(c) City or town Equality
(If outside city or town limits, write "RURAL") NR.

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Zelotis Skinner Clifford

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower 2 divorced widower

6. (b) Name of husband or wife Nannie Pankey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 1, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 3 9 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Zelotis Skinner Clifford

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

14. Maiden name Esther Palmer

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

16. (a) Informant Mrs. J. M. Kurn

(b) Address 56 Lake Forest

17. (a) removal (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Equality, Ill.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 11 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 10 day Thursday
year 1942 95th hour am minute _____ M.

21. I hereby certify that I attended the deceased from Nov 27/42 to Dec 10, 1942, to _____, 19____;

that I last saw him alive on Dec 10-1942, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Wernic's tumor - Myocarditis Chronic Duration _____

Due to Hypertrophy Prostate

Due to Chronic Cystitis - Sarcinhal

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Hypertrophy Prostate PHYSICIAN _____
Of operations Prostate resection
Of autopsy none
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? _____

(Specify type of place)

While at work? _____ (Specify means of injury)

23. Signature J. F. Budeck (M. D. or other) _____
Address 3720 W. Lytle Date signed Dec 10/42

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.....

Robert L. ...

Licensed Embalmer No.....

1994

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.