

No. 2  
4-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39637

State File No. \_\_\_\_\_

FILED DEC 29 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1008

Registrar's No. 11282

1. PLACE OF DEATH:

(a) County SLC

(b) City or town ST LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
DEACONESS HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether In this community 22 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 45 OAK TERRACE  
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME GEORGE WILLIAM CLINTON

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 MARRIED

6. (b) Name of husband or wife ANNE WRIGHT CLINTON

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCTOBER-3-1873  
(Month) (Day) (Year)

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

70 2 13 — hr. — min.

9. Birthplace ST LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INSURANCE-GENERAL

11. Industry or business Capen-Clinton Ins Co

12. Name CHARLES A. CLINTON

13. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name MARY L. SOUTHARD

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

16. (a) Informant Ann M. Clinton

(b) Address 45 Oak Terrace

17. (a) BURIAL (b) Date thereof DEC-18-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) DEC 17 1943 (b) J. T. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 16  
year 1943 hour 0 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1938  
19 Dec-16 1943  
that I last saw him alive on Dec 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma - chest & neck

Due to Carcinoma sigmoid  
Resection of colon 1940

Other conditions Coronary thrombosis 1938  
(Included if agency within 3 months of death)

Major findings: Carcinoma of colon

Of operations —

Of autopsy —

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 \_\_\_\_\_

Signature H. H. Gullotta (M. D. or other) \_\_\_\_\_  
Address 17 E. Lombard Date signed 12/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

848

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

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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 E. C. Aldrich

Licensed Embalmer No. 1302

P. O. Address. Webster Groves

**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.**