

FILED JUL 15 1944

State File No. 6024

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 0
 years, months or days)

3. (a) PRINT FULL NAME Ethel Radcliff3. (b) If veteran, name war ---- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clayton Radcliff 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased Unknown About 1907
 (Month) (Day) (Year)

3. AGE:	Years	Months	Days	If less than one day
About	37	Unknown		hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Lee Sidebottom13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name ETNA McDONOLD15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Clayton Radcliff(b) Address 3750 West Pine Blvd.17. (a) Removal (b) Date thereof 7/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eldon, Missouri18. (a) Signature of funeral director Wm E. Mayall(b) Address 1926 Allen Ave.19. (a) JUL 6 1944 J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3750 West Pine Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1944 hour 11⁰⁰ minute AM21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy and Dilatation of Heart Duration
Chronic Pyelonephritis
 Due to Pyelonephritis & Hydronephrosis
Yellowish - brown
 Due to calculous

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 1/27
Of operations _____

Of autopsy _____

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?
(Specify type of place)While at work? _____ (Specify type of place)
(Specify means of injury) _____23. Signature Alfred Perry (M. D. or other)Address Respectful Date signed 7/6/44

NOV 28 1944

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 me

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

Signed H. M. Davis

Licensed Embalmer No. 3241

P. O. Address 1926 allen

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.