

**FILED OCT 20 1944**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8605**

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

**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:  
**Mo. Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_ **94**  
 (c) City or town **Bonne Terre** **2**  
(If outside city or town limits, write "RURAL") **1**  
 (d) Street No. \_\_\_\_\_ **N.B.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ **1**

3. (a) PRINT FULL NAME **Mary Amelia Clifford**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Daniel Clifford** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Nov. 28 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>10</b>	<b>9</b>	hr. _____ min. _____

9. Birthplace **Calif. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER

12. Name **John Brinkerhoff** **9**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **9**  
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Daniel Clifford**

(b) Address **Bonne Terre Mo.**

17. (a) **Burial** (b) Date thereof **10-11-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **OCT 10 1944** (b) **J. J. Budeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **7**  
 year **1944** hour **10** minute **28P** M.

21. I hereby certify that I attended the deceased from **Sept 25**, 19**44**, to **Oct 7**, 19**44**;  
 that I last saw **her** alive on **Oct 7**, 19**44**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism**

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

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

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration **Sept 25 - Oct 7 1944**  
**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) (M. D. occupation)

23. Signature **J. J. Budeck** (M. D. occupation) \_\_\_\_\_

Address **390 3rd** Date **10/9/44**

Dr. Sidney Brown  
3903 Olive St. (Je. 5600)

11-12

**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 Albert R. Thompson

Licensed Embalmer No. 4237

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.**