

FILED JUL 21 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6579**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Month**
(Specify whether years, months or days) **1 Month**

In this community

3. (a) PRINT FULL NAME **Clyde Henry Searcy**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **345-03-1294**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helen R. Searcy**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **February 28 1908**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	4	12	hr. min.

9. Birthplace **Henderson Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blender Helper**

11. Industry or business **Oil Refinery**

12. Name **George Searcy**

13. Birthplace **Henderson Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Nora A. Price**

15. Birthplace **Evansville Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Searcy**

(b) Address **501 Leslie Ave. Wood River, Ill.**

17. (a) Burial (b) Date thereof **July 13 1947**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or, cremation **Alton, Illinois**

18. (a) Signature of funeral director **Robert W. Streaper**

(b) Address **2521 Edwards St. Alton, Ill.**

19. (a) JUL 12 1947 (b) **J. F. Buresch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Madison**

(c) City or town **Wood River**
(If outside city or town limits, write "RURAL")

(d) Street No. **501 Leslie Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1947** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 5, 1944**
to **July 10, 1947**
that I last saw him alive on **July 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
Pre-mia
Carcinoma, primary site
Bladder - Primary Site
Carcinoma sigmoid 1943

Due to

Other conditions
(Include pregnancy within 3 months of death) **52**

Duration

PHYSICIAN

Major findings:
Of operations **Carcinoma Bladder**
Carcinoma Sigmoid
Of autopsy

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? (a) Means of injury **0**

23. Signature **Marion Schattner, M.D.**
Address **505 1/2 Walnut St. Alton, Ill.** Date signed **July 12 1947**

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 H. Streaper*.....
Licensed Embalmer No..... *2474*.....
P. O. Address..... *Alton, Ill.*.....

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.