

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27928
6954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis				a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION De. Paul Hosp. 5				d. STREET ADDRESS (If rural, give location) 3800a N Grand Blvd			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Edgar			b. (Middle) Shir1			c. (Last) Clanton	
(Type or Print)			Aug 8 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 16 1916	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect. & Tres.		10b. KIND OF BUSINESS OR INDUSTRY Doughnut Co		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wayne Clanton			13b. MOTHER'S MAIDEN NAME Donna Hammond			14. NAME OF HUSBAND OR WIFE Pauline Clanton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-18-2181		17. INFORMANT'S SIGNATURE OR NAME Pauline Clanton			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease				4 yrs +.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) ca					
		II. OTHER SIGNIFICANT CONDITIONS				1 yr.	
		Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decongestion					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		St. Louis, Ind. 93	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/OX			
22. I hereby certify that I attended the deceased from Aug 10, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 7:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. A. Meyer, M.D.				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 8/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 11		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE AUG 16 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Proost Mortuary 3710 N. Grand			

(Licensed Embalmers' Statement on Reverse Side)

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

On Busines
Jeff
75-34
539 N. Grand
Jen 9284
Menyera
Buder Buder

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.