

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27932
7202
Registrar's No. 7202

318

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7202</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>06</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		<u>17 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>People Hospital</u>				STREET ADDRESS (If rural, give location) <u>21-3100 Pine Blvd. '0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>M. Clarence</u> b. (Middle) <u>C.</u> c. (Last) <u>Cloudy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-6-1887</u>	
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Clarksville Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Cloudy</u>		13b. MOTHER'S MAIDEN NAME <u>Ann. Pool</u>		13c. NAME OF HUSBAND OR (WIFE) <u>Georgia Cloudy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgia Cloudy 3100 Pine Blvd</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Arterial Nephrosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Several weeks</u> <u>undetermined</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>930</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>			
22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>49</u> , to <u>8-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>49</u> , and that death occurred at <u>11:05 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bernard C. Randolph M.D.</u>				23b. ADDRESS <u>2630 FRANKLIN AVE</u>		23c. DATE SIGNED <u>8-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>8-20-49</u>		24b. DATE <u>8-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co, Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gushow, 2930 Dickson St</u>			

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

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 Arthur S. Hilliard.....

Licensed Embalmer No. 4221.....

P. O. Address 4049 St. Ferdinand.....

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.