

STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1951

 State File No. **28132**
7041

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | | | | |
|---|-------------------------------|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | | 2179 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERN HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 4048^a DE TONTY ST | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) D c. (Last) CLIVER | | | 4. DATE OF DEATH (Month) (Day) (Year) AUG 5 1951 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN 6 1902 | 9. AGE (In years last birthday) 49 | 10. MONTHS 6 | 11. DAYS 29 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER | | 10b. KIND OF BUSINESS OR INDUSTRY CONGRESS HOTEL | | 11. BIRTHPLACE (State or foreign country) CINCINNATI OHIO | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME RALPH PAUL CLIVER | | 13b. MOTHER'S MAIDEN NAME MINOLA CAMERON | | 14. NAME OF HUSBAND OR WIFE KATHRYN CLIVER | | |
| 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. 494-07-6713 | 17. INFORMANT'S SIGNATURE OR NAME Kathryn Cliver | | | ADDRESS 4048^a De Tonty |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 6 hrs | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>Aug 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 5</u> , 19 <u>51</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE Edw. W. Gebrinski M.D. | | | 23b. ADDRESS 3701 Grand St | | 23c. DATE SIGNED 8/10/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE AUG 7 1951 | 24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO | |
| DATE REC'D BY LOCAL REG. AUG 7 1951 | | REGISTRAR'S SIGNATURE J. Basater | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm J Robert & Co ADDRESS 1905 S. Grand | | |

447-1004 W 210
CRINK
JUNE

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 Ronald O Yahnke

Licensed Embalmer No. 3917

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.