

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36255

FILED OCT 21 1952

State File No. _____
Registrar's No. 9262

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>9262</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 _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2049</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1016 Mc Causland</u>				d. STREET ADDRESS (If rural, give location) <u>4</u> <u>1016 Mc Causland</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTA</u> b. (Middle) <u>ELMYRA</u> c. (Last) <u>CLOUD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>5</u> <u>1952</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-31-1867</u>		9. AGE (In years last birthday) <u>84</u>		# UNDER 1 YEAR Months <u>9</u>	# UNDER 1 MIN. Hours <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Farmington, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>McDowell</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jacobs</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. A. Cloud dec'd 1/16/42</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred A. Johannes 1016 McCausland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - heart</u> ANTECEDENT CAUSES <u>Arteriosclerotic disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>apoplexy Oct. 1943-</u>								INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>							
22. I hereby certify that I attended the deceased from <u>0-14</u> , 19 <u>52</u> , to <u>10-5-1952</u> , that I last saw the deceased alive on <u>10-5-1952</u> , 19 <u>52</u> , and that death occurred at <u>4:00 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Tom G. Wood</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1019 Mc Causland Ave</u>				23c. DATE SIGNED <u>10-6-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE RECD BY <u>1952</u> <u>OCT 7 1952</u>		REGISTRAR'S SIGNATURE <u>Cash Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster Inc.</u>						ADDRESS <u>6633 Clayton Rd</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Spillers

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

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.