

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19285**  
Registrar's No. **5092**

FILED JUN 4 1953  
31728

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <span style="float:right">2119 D</span>  d. STREET ADDRESS (If rural, give location) <b>3719 Cottage Ave.</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>Stephen</b> b. (Middle) <b>Clodfelter</b> c. (Last) _____ (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 19 1953</b>			
<b>5. SEX</b> Male <input checked="" type="radio"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) _____	<b>8. DATE OF BIRTH</b> <b>May 19 1953</b>	<b>9. AGE</b> (In years last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MO. Hours _____ Min. <b>11</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Nil</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____

<b>13a. FATHER'S NAME</b> <b>William H. Clodfelter</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Patricia A. Reich</b>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>W.H. Clodfelter 3719 Cottage Ave.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u><i>Myelastosis</i></u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____ <span style="float:right">7620</span>

**22. I hereby certify that I attended the deceased from May 19, 1953 to May 19, 1953 that I last saw the deceased alive on May 19, 1953 and that death occurred at 11:05 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u><i>W.H. Clodfelter</i></u>	<b>23b. ADDRESS</b> <u>4007 W. F. ...</u>	<b>23c. DATE SIGNED</b> <u>20 May</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> <b>5-21-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>		

<b>DATE REC'D BY LOCAL</b> <b>MAY 20 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <u><i>W.H. Clodfelter</i></u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u><i>Cullinane Bros</i></u> <b>3320 N Kingshighway</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING INK

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

*Fred Frick*

Licensed Embalmer No. .... 3186 .....

P. O. Address St. Louis, Mo.

NOT EMBALMED

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.