

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5887**
Registrar's No. **1580**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 15 4551 Morganford Road	
3. NAME OF DECEASED (Type or Print) Clarence		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 54	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-25-1890	
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Technican		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Inc.	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Bagnall		13b. MOTHER'S MAIDEN NAME Ophelia Saettle	
14. NAME OF HUSBAND OR WIFE Ida Bagnall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. 489-07-5350		17. INFORMANT'S SIGNATURE OR NAME Ida Bagnall	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma to Liver, origin unknown. ANTECEDENT CAUSES Morbid 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. Infarction in the lungs INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months Recent		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1562	
22. I hereby certify that I attended the deceased from Feb. 15, 1954 , to Feb. 15, 1954 , that I last saw the deceased alive on Feb. 15, 1954 , and that death occurred at 2:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. D. Tomlinson, M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 2/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-18-1954		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) (State) St. James Mo Mo		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	
DATE REC'D BY LOCAL REG. FEB 18 1954		ADDRESS 6409 Gravois Ave	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Lawrence M. Simon*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.