

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39243

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2589

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Wellston</u>		c. CITY OR TOWN <u>Wellston</u> <u>429</u>	
c. LENGTH OF STAY (In this place) <u>10yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1207 Delaware Ave.</u>			
e. STREET ADDRESS <u>1207 Delaware Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Andrew</u>	b. (Middle) <u>O.</u>	c. (Last) <u>Cline</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11/4/55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/15/1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ulline, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul Cline</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Palmer</u>	14. NAME OF HUSBAND OR WIFE <u>Dollie Cline</u>
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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>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dollie Cline</u> ADDRESS <u>1207 Delaware Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho Sarcoma</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) _____		
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 <u>2001</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 10-20, 1955, to 11-4, 1955, that I last saw the deceased alive on 11-4, 1955, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Hayden M.D.</u> (Degree or title) <u>C</u>	23b. ADDRESS <u>730 Hodiamont</u>	23c. DATE SIGNED <u>11/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/7/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE RECD BY LOCAL REG. <u>11-7-55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> ADDRESS <u>Funeral Home Inc. 1125 Hodiamont Ave.</u>
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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.....  
Signature of Student Embalmer

Signed *Alfred J. Breda*.....  
Licensed Embalmer No. 28

P. O. Address 112574

**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.**