

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2885

State File No. ....

318

1003

Registrar's No. 448

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE<br>Missouri |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis |  | c. CITY OR TOWN<br>St. Louis   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Louis City Hospital                |  | e. STREET ADDRESS (If rural, give location)<br>815 North 18th. Street 22190                                    |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>Clarkson                                |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>January 13 1956  |  |
| 5. SEX<br>M   |  | 6. COLOR OR RACE<br>W  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>divorced                |  | 8. DATE OF BIRTH<br>Oct. 18th. 1864  |  |
| 9. AGE (In years last birthday)<br>91   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>retired          |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br>Indiana                     |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  |

|                                     |  |   |
|-------------------------------------|--|---|
| 13a. FATHER'S NAME<br>Chuza Moorman | 13b. MOTHER'S MAIDEN NAME<br>Rachel Fellow | 14. NAME OF HUSBAND OR WIFE<br>Henrietta Moorman (divorced) |
|-------------------------------------|--|---|

|   |                               |   |                          |
|---|-------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>no | 16. SOCIAL SECURITY NO.<br>no | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. L. E. Huffman | ADDRESS<br>2619 Main St. |
|---|-------------------------------|---|--------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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)<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |

*Brain Injury; Generalized Arteriosclerosis; suffered in fall down steps in front of home at 815 North 18th St., about 110 pm.*

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><i>January 4th 1956</i> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|--|

|                                     |  |   |
|-------------------------------------|--|---|
| 21a. ACCIDENT (Specify)<br>Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)<br>Steps - Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>St. Louis Mo |
|-------------------------------------|--|---|

|   |  |                                      |
|---|--|--------------------------------------|
| 21d. TIME OF INJURY<br>Jan 4 56 1:00 pm | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br>E900.0 |
|---|--|--------------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:55 a. m., from the causes and on the date stated above.

|  |                            |                             |
|--|----------------------------|-----------------------------|
| 23a. SIGNATURE<br><i>Frank J. Donnelly</i> | 23b. ADDRESS<br>1300 Clark | 23c. DATE SIGNED<br>1/13/56 |
|--|----------------------------|-----------------------------|

|  |                        |   |  |
|--|------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal | 24b. DATE<br>1-14-1956 | 24c. NAME OF CEMETERY OR CREMATORY<br>New Hope Cemetery | 24d. LOCATION (City, town, or county) (State)<br>Phlox Indiana |
|--|------------------------|---|--|

|   |  |   |                               |
|---|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG.<br>JAN 14 1956 | REGISTRAR'S SIGNATURE<br><i>Paul Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Arthur J. Donnelly</i> | ADDRESS<br>3840 Lindell Blvd. |
|---|--|---|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 *James Williamson*

Licensed Embalmer No. *35*

P. O. Address *3840 St*

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.