

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013124

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3756 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED APR 8 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, | | Length of stay in 1b 26 days | c. CITY OR TOWN St. Louis, |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc., | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3733 Bamberger Ave., |
| 3. NAME OF DECEASED (Type or print) | | First Edward Middle William Last Clifton | 4. DATE OF DEATH Month March Day 31, Year 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 18, 1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (city and state or country) LITCHFIELD, ILL. |
| 13a. FATHER'S NAME WILLIAM CLIFTON | | 13b. MOTHER'S MAIDEN NAME MARY HIX | 14. NAME OF HUSBAND OR WIFE Louise F. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) NO NONE | | 16. SOCIAL SECURITY NO. 468 | 17. INFORMANT LOUISE F. CLIFTON 3733 BAMBERGER |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion- | | INTERVAL BETWEEN ONSET AND DEATH 1-2 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Peritonitis, acute. | |
| | | DUE TO (c) Carcinoma of Stomach + Transverse Colon | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1972 | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from March 3, 1963 to March 31, 1963 and last saw her/him alive on March 31, 1963 | | Death occurred at 5:30 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE Edward J. Jordan M.D. | | 22b. ADDRESS 1755 South Grand Blvd., | |
| 22c. DATE SIGNED 4-1-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 4-4-63 | 23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM. | 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO. |
| 24. FUNERAL DIRECTOR Kriegshauser Mortuaries-4228 So. Kingshighway | | 25. DATE RECD. BY LOCAL REG. APR 1 1963 | |
| St. Louis, Mo. | | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | |

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 R. W. Stovesand

Licensed Embalmer No. 4007

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