

FILED MAR 17 1942 791

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4738 Westminster Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 13600

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4738 Westminster Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME Frank Andrew Clifford

3. (b) If veteran, name war Spanish 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Georgia McAdams Clifford 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 22nd., 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 3 29 hr. min.

9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Supt.

11. Industry or business Mo. Pacific R.R.

MOTHER FATHER { 12. Name Andrew Clifford

13. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Helena Marie Graessler

15. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank A. Clifford

(b) Address 4738 Westminster Place

17. (a) Burial (b) Date thereof 2-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 23 1942 (b) J. G. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st. year 1942 hour 9 minute 10, P.M.

21. I hereby certify that I attended the deceased from October 29, 1941 to Feb. 21, 1942 that I last saw him alive on Feb. 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Rectum Duration 8 mo.

Due to.....

Due to.....

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Carcinoma - Rectum.

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury 0

23. Signature Ona R. Fera (M. D. or other) MD.

Address 495 1/2 Maryland Date signed 2/23/42

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

7381
2 AMM

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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