S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39021

FILED DEC 4 1943

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 2658

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 33 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No.: 926 Edna (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: /

3. (a) PRINT FULL NAME: James Patrick Clifford
3. (b) If veteran, name war: —
3. (c) Social Security No. 499-01-2496
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb. (Month) 12 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
60	9	15	____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: ____
11. Industry or business: Mid-West Pipe Co.
FATHER 12. Name: Michael Clifford 4
FATHER 13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name: Unk. 4
MOTHER 15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. Anna Clifford
(b) Address: 926 Edna, Kirkwood, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 11-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Missouri Crematory
18. (a) Signature of funeral director: OSCAR J. HOFFMEISTER
(b) Address: 4016 Chippewa
19. (a) DEC - 2 1943 (Date received local registrar) (b) E. D. McDarren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 27 year: 1943 hour: 11:00 minute: A M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Self-inflicted gun shot wound of head. — Duration
Due to: Gun-shot wound of head.
Due to: ____
Other conditions: ____ (Include pregnancy within 3 months of death)
Major findings: Of operations: ____
Of autopsy: No. 164c

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): Suicide.
(b) Date of occurrence: Nov. 27, 1943
(c) Where did injury occur? 926 Edna, Kirkwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home. (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: H. S. Greybeale (M. D. or other) Deputy Coroner
Address: Kirkwood, Mo. Date signed: 11-29-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944

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.....Ernest W. Spillars

Licensed Embalmer No.....4080

P. O. Address.....3836 Botanical 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 this body is not embalmed, fact should be so stated above.