

No. 2
1-5-43
5-17-39
I X36671

State File No.

FILED JAN 21 1946
Registration District No. 318

Primary Registration District No.

Registrar's No. 142

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
3400 S. Grand Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 Years
In this community 74 yrs 0 mos 18 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4545 Chouteau Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME David Clifford

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Jennie Clifford

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: 12 16 1871
(Month) (Day) (Year)

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

74 0 18 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER

12. Name Michael Clifford

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Keely

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Betty Hartwig

(b) Address 4545 Chouteau Ave

17. (a) Burial (b) Date thereof 1-7-46
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Booker Goodhart

(b) Address 2228 St. Louis Ave

19. (a) JAN 6 1946 (b) J. F. Benedict
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1946 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 1 1946
12 45 to Jan 4 1946
that I last saw him alive on Jan 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Paralytic Throat
Malnutrition
Due to Arterio Sclerosis

Other conditions:.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
(e) Means of injury.....

Signature [Signature] (M. D. or other)
Address 6016 Grand Date signed 1/5/46

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

3399

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 Marie A. Cashin
Licensed Embalmer No. 3949
P. O. Address St. Louis MO

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.