

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42255**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **40893**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 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. 3438 Lawton
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Walter Clifton
 3. (b) If veteran, name war none
 3. (c) Social Security No 432-00-6286

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Siller Clifton
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov. 25, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>21</u>	hr. min.

9. Birthplace Palena County, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Siller Clifton
 (b) Address 3438 Lawton Blvd.

17. (a) Burial (b) Date thereof Dec. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
 (b) Address 2620-31 Cole Street

19. (a) DEC 19 1946 J. F. Bredeek
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 16
 year 1946 hour 3 minute 5 P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1946 to Dec. 16, 1946
 that I last saw h. im alive on Dec. 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (Bilateral)
 Duration Undet.

Due to.....
 Due to.....
 Other conditions None
(Include pregnancy within 3 months of death)

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

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) (of Means of injury)
 23. Signature G. B. Williams (M. D. or other)
 Address 2601 No. White Date signed 12/17/46

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..... *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *45-75 Aldine*

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.