

S. No. 300
M-10-47
rv. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42918

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11009

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:
MARION HOSPITAL
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

3: (a) PRINT FULL NAME CHARLES CLODFELTER

3. (b) If, veteran, name war.....

3. (c) Social Security No.

4. Sex M. race W

5. Color or race W

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

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

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

7. Birth date of deceased JULY 16 1879
(Month) (Day) (Year)

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

68 5 11 hr. min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business FRANZ, PRODUCE CO.

12. Name UNKNOWN CLODFELTER

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

14. Maiden name UNKNOWN UNKNOWN

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

16. (a) Informant Mrs Catherine Fox

(b) Address 3144A Illinois Av

17. (a) BURIAL (b) Date thereof Dec 30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av

19. (a) DEC 29 1947 (b) J. T. Cudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3144A ILLINOIS AV 24
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 25 to Dec 27, 1947

that I last saw him alive on Dec 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 3h

Due to myocardial infarction

Due to Ch. Bronchitis

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

Major findings: 92

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

23. Signature J. T. Cudeck (M. D. number) MD

Address 2752 S. Weber Date signed 12/27/47

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

Joseph Blom

Licensed Embalmer No.

41014

P. O. Address

3121 - Lafayette Ave

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.