

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2369

FILED JAN 28 1950

State File No.

318

1003

709

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				b. COUNTY Missouri			
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1232A Hodiament Ave.,				d. STREET ADDRESS (If rural, give location) 1232A Hodiament Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) A.		c. (Last) Clines		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1950.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1893.		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track worker		10b. KIND OF BUSINESS OR INDUSTRY Public Ser. Co.		11. BIRTHPLACE (State or foreign country) Martinsburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Patrick Clines		13b. MOTHER'S MAIDEN NAME Mary Murphy		14. NAME OF HUSBAND OR WIFE Mary E. Clines			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. #1, 493-10-7975	17. INFORMANT'S SIGNATURE OR NAME Mary E. Clines, 1232A Hodiament Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>GENERAL ARTERIO SCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 MIN. 1 YR.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		1/20/50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1950 1 10 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN 27, 1950</u> to <u>JAN 21, 1950</u> , that I last saw the deceased alive on <u>JAN 21, 1950</u> , and that death occurred at <u>12:10 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. O. White</u> (Degree or title) M.D.				23b. ADDRESS 1194 Hodiament Ave.		23c. DATE SIGNED 1-23-50	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 25/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. JAN 23 1950		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ace.,			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. O.O. White,
1194 Hodiamont Ave.,
CA. 8755. 1-5 P.M.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Oliver R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.