

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32137
State File No. 2167
Registrar's No. 2167

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (In this place) <u>17</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u> <u>417</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7010 Glenmore</u>			d. STREET ADDRESS (If rural, give location) <u>7010 Glenmore</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>C</u> b. (Middle) <u>linton</u> c. (Last) <u>Vail</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>10</u> <u>1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>United Electric Supply</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Joel Vail</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINE CARHART</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Vail</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-07-4577</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Vail</u>		17. ADDRESS <u>7010 Glenmore</u>			
18. CAUSE OF DEATH (Enter only one cause per line on (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which related death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of l. Kidney</u> <u>With general metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS - <u>Chronic interstitial nephritis & uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>27 1/2</u> <u>180X</u> <u>180X</u>
19a. DATE OF OPERATION <u>March 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of l. kidney.</u>			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> (NOT WHILE AT WORK) <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1949</u> to <u>Sept. 10th, 1950</u> , that I last saw the deceased alive on <u>Sept. 8th, 1950</u> , and that death occurred at <u>2:15</u> hr., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph Davie</u>			23b. ADDRESS <u>906 Olive St.</u>		23c. DATE SIGNED <u>9-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>		DATE REC'D BY LOCAL REG. <u>9-12-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Krow Fall Co</u>		ADDRESS <u>2707 N. Grand</u>			

(Licensed Embalmer's Certificate on Reverse Side)

aird . . .

0291 01

A.S.S

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of MISSOURI
City of ST. LOUIS } SS.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 32137.50
Local Registrar's No. 2167

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of SEPT, 1950, before me appears AUGUST KRANJE

who, upon HIS oath, states that the original record of ^{birth} death
for CLINTON C. VAIL ^{died} SEPT 10, 1950, in the State of
^{born} Missouri, and which was filed at ST. LOUIS CO on 9-12, 1950, should be corrected as follows:

Item No. 3 should read CLINTON ELWOOD VAIL

Instead of CLINTON C. VAIL

Item No. 13B should read ANGELINE CARHART

Instead of ANGLA CARTER

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant August Kranje, Funeral Director
Relationship.

2707 N Grand Blvd.
Present Address.

Subscribed and sworn to before me this 19 day of Sept, 1950

My Commission expires 2-12-1954 Sam Jarrell Notary Public.

SEP 21 1950