

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34672

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9043</u>								
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		2017								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3927 Schiller Pl.</u>				d. STREET ADDRESS (If rural, give location) <u>223 E. Schirmer</u>										
3. NAME OF DECEASED (Type or Print) <u>William Clifton</u>			a. (First)		b. (Middle)		c. (Last)							
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 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>Apr. 8, 1897</u>						
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS/ OR INDUSTRY _____			13a. FATHER'S NAME <u>Wiley Clifton</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Stevens</u>						
13c. NAME OF HUSBAND OR WIFE <u>Ann Clifton</u>			14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. _____					
17. INFORMANT'S SIGNATURE OR NAME <u>Ann Clifton</u>			ADDRESS <u>223 E. Schirmer</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>157X</u>			22. I hereby certify that I attended the deceased from <u>July 20, 1950</u> , to <u>Oct 23, 1950</u> , that I last saw the deceased alive on <u>Oct 22, 1950</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			23a. SIGNATURE <u>Michael L. Bartnick M.D.</u>			(Degree or title) _____			23b. ADDRESS <u>7629 So. Broadway</u>		
23c. DATE SIGNED <u>10/24/50</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>10-26-50</u>			24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL HEALTH DEPT. <u>OCT 25 1950</u>			REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>			ADDRESS <u>6322 S. Grand Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*David T. Tossow*

Licensed Embalmer No. *42127*

P. O. Address. *6312 Do France*

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.