

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2423  
784

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived 1 year or more immediately before admission) a. STATE <i>Missouri</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>920 N. 21st St</i>				d. STREET ADDRESS (If rural, give location) <i>920 N. 21st St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>LEE</i>		b. (Middle) <i>-</i>		c. (Last) <i>CLIFTON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1-22-51</i>	
5. SEX <i>M.</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>		8. DATE OF BIRTH <i>9-25-92</i>	
9. AGE (In years less than day) <i>58</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Amory Miss.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>JOHN CLIFTON</i>		13b. MOTHER'S MAIDEN NAME <i>JOSEPHINE EVANS</i>		14. NAME OF HUSBAND OR WIFE <i>SINGLE</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>486-20-3026</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Osceola Clifton 926 (or 60) Robertan md.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>(Sclerosis)</i>  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 checked="" type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H201</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:20 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Frank E. Grayson Coronist</i>				23b. ADDRESS <i>1300 Oak</i>		23c. DATE SIGNED <i>1-25-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>1-29-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Com.</i>		24d. LOCATION (City, town, or county) (State) <i>9700 Natural Bridge</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hermon S. Allen</i>		ADDRESS <i>4348 Washington</i>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Sheldon J. Gardner*

Licensed Embalmer No. *4243*

P. O. Address..... *130 Eldridge*

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.