

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24420
5753

State File No. _____
Registrar's No. _____

No. 300
10-48

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE of deceased lived. If institution: residence before admission. a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		2259							
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS 1450 Cass Ave.		8							
3. NAME OF DECEASED (Type or Print) Harold			a. (First)		b. (Middle)		c. (Last) Clyde		4. DATE OF DEATH (Month) (Day) (Year) 6 26 51				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH February 5-1898		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Dept			10b. KIND OF BUSINESS OR INDUSTRY St. Louis		11. BIRTHPLACE (State or foreign country) New York			12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Wm. Clyde				13b. MOTHER'S MAIDEN NAME Angeline Ball			14. NAME OF HUSBAND OR WIFE Margaret Clyde						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Clyde 1450 Cass 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) Carcinoma esophagus INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES with metastasis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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) (Min.) _____							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X											
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 6:40 P.M. m., from the causes and on the date stated above.													
23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 6-26-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-1951		24c. NAME OF CEMETERY OR CREMATORY Tower Grove Cem.		24d. LOCATION (City, town, or county) (State) Murphysboro Illinois							
DATE REC'D BY LOCAL REG. JUN 26 1951		REGISTRAR'S SIGNATURE J. B. Blanton				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.							

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 _____

John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 S. Maria 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.