

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10774

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2615

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found to be a veteran so taken care of by Veterans Administration. WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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		2729	
d. FULL NAME OF HOSPITAL OR INSTITUTION Found dead Under McArthur Bridge		d. STREET ADDRESS (If rural, give location) 704 Chouteau ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Clifford b. (Middle) ----- c. (Last) Wingrove		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH November 15, 1891
9. AGE (In years last birthday) 60		10. YEARS MONTHS DAYS	11. BIRTHPLACE (State or foreign country) Waverly West Virginia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		12. CITIZEN OF WHAT COUNTRY? /	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) Yes WW-I Veteran	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.J. Forest Contact Office V.A. Regional Off	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		Subdural Hemorrhage			
DUE TO (c)		Multiple Fractures			
II. OTHER SIGNIFICANT CONDITIONS		Cause and manner of same could not be determined			
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 (Specify) Suicide Homicide		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? -E 93.69- 47	

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 7:36 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 3/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 21, 1952		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. MAR 19 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U.S.L.Co. 7814 S. Broadway	

m8B (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Embalmed at
Emb. Sch.

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.

OK by

Student Embalmer No.

Signed *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.