

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3207

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>108 BROADWAY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>GOULD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>Nov. 1, 1948</u>		9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR OF UNDER 1 Mth. Days <u>5</u> Hours <u>3</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilbur Gould</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Chronister</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) _____		16. SOCIAL SECURITY NO. _____	

17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Gould</u>		ADDRESS <u>Crystal City, Mo</u>	
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) <u>Pneumonia - C albicans</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Candida Albicans</u> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	

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? <u>13 Hrs 3</u>	

22. I hereby certify that I attended the deceased from 3:29, 1952, to 4:4, 1952, that I last saw the deceased alive on 4/4, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jackson Oto</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>4/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 6, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Park</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo</u>	

DATE REC'D BY LOCAL REG. <u>APR 5 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		GENERAL DIRECTOR'S SIGNATURE <u>Centrop. P. Pelitte</u>		ADDRESS <u>Crystal City, Mo</u>	
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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 Anthony C. Politto

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo

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.