

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26721

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1825

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis 4</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>2079</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>DALLWIN</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>18 Mons</u> | | d. STREET ADDRESS (If rural, give location) <u>5221 Blair Av</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Agnes</u> | | b. (Middle) <u>Clifford</u> | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 52</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>8-12-1875</u> |
| 9. AGE (in years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Edward Clifford</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Saranun</u> | | 14. NAME OF HUSBAND OR WIFE <u>single</u> | |
| 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. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Neville 5221 Blair Av</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</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 <u>4221</u> | |
| 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? | |
| 22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>51</u> , to <u>July 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>R. H. Jensen M.D.</u> | | 23b. ADDRESS <u>1104 Missouri St. St. Charles</u> | |
| 23c. DATE SIGNED <u>7-3-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7-1-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Borromeo Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo</u> |
| DATE REC'D BY LOCAL REG. <u>7-3-52</u> | REGISTRAR'S SIGNATURE <u>Nesbitt R. Drake</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodhart-Goodhart 2228 St. Louis Av</u> | |

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

1 [unclear]

Signed

J. Wm Bentley

Licensed Embalmer No.

3653

P. O. Address

St Louis 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.