

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33032**  
Registrar's No. **8881**

FILED OCT 4 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8881</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1708 So. Spring</b>				d. STREET ADDRESS (If rural, give location) <b>Hamilton Hotel</b>			
3. NAME OF DECEASED (First) <b>Clarence Arthur</b>		b. (Middle) <b>Higley</b>		c. (Last) <b>Higley</b>		956 Ham. Iron Av. (month) (Day) (Year) DEATH <b>9-22-52</b>	
5. SEX <b>M</b>		6. COLOR OF RACE <b>Wh</b>		8. DATE OF BIRTH <b>Aug 2-1884</b>		9. AGE (In years last birthday) <b>68</b> 1/20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Carroll Higley</b>		13b. MOTHER'S MAIDEN NAME <b>Annulla</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-20-3656</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vernon Higley 4900 Priguen</b>			
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) <b>Bronchiectasis Rt &amp; left lungs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rt heart failure &amp; myocarditis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? <b>526X</b>			
22. I hereby certify that I attended the deceased from <b>Sept 4, 1952</b> , to <b>Sept 22, 1952</b> , that I last saw the deceased alive on <b>Sept 20, 1952</b> , and that death occurred at <b>5 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. J. Verda M.D.</b> (Degree or title)				23b. ADDRESS <b>4500 Olive St</b>		23c. DATE SIGNED <b>9-22-52</b>	
24a. BURIAL: CREMATION, RECEPTION (Specify) _____		24b. DATE <b>9-24-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 23 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. Stewart 1225 Union</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4500 Olive

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed G. W. Wilkinson

Student .....  
Student Embalmer

Licensed Embalmer No. 3575

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.