

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33557

State File No.

FILED SEP 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8449

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 5 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 2209	
3. NAME OF DECEASED (Type or Print) Clifford		d. STREET ADDRESS (If rural, give location) 2514 North Market Street, 6, 220	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6th, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9th, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tuckpointer		10b. KIND OF BUSINESS OR INDUSTRY Tuckpointing	9. AGE (In years) (Last birthday) 72
11. BIRTHPLACE (State or foreign country) Holla, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christ Welker		13b. MOTHER'S MAIDEN NAME Emma Troxell	14. NAME OF HUSBAND OR WIFE Lena M. Welker nee Seemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 498-07-8171	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena M. Welker, 2514 N. Market Street, 6,
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 of prostate ANTECEDENT CAUSES 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. Hypertensive heart disease	
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? 177X			
22. I hereby certify that I attended the deceased from Nov. 13, 1950, to Sept. 6, 1952, that I last saw the deceased alive on Sep. 5, 1952, and that death occurred at 11:45A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William H. Grandmann M.D.		23b. ADDRESS 3118 N. Grand Bl. 4. d. m. j.	
23c. DATE SIGNED 9/8/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/9/52	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 8 1952		REGISTRAR'S SIGNATURE Calvin F. Feutz	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS	

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

Hours: 1:00 P. M. to 3:00 P. M.
Daily except Wed.

File in City

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 Ralph C. Jendrew

Licensed Embalmer No. 4225

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.