

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
V. 10.48

FILED OCT 21 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>23 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2139</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>13 5400 Arsenal Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>B.</u> c. (Last) <u>Hand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 9, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Feb. 20, 1868</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>7</u>		11. DAYS <u>19</u>		12. HOURS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davis County, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>Henry Hand</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Null</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie (deceased)</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. A.L. KICKHAM - 3616 Cambridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of prostate</u> Interval between onset and death: <u>3 yrs. plus</u>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> 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. DUE TO (b) <u>Senility</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"/>				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? _____				<u>177X</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>51</u> , to <u>Oct. 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 9</u> , 1952, and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Philip D. Dal, MD.</u>				23b. ADDRESS <u>5400 Arsenal Street</u>		23c. DATE SIGNED <u>Oct. 9, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Marcus Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 10 1952</u>				REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, Maplewood 17, Mo.</u>				ADDRESS <u>Maplewood 17, Mo.</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

Signed J. A. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.