

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19286**  
Registrar's No. **5023**

**FILED JUN 4 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</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 OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4329 Morganford Ave.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Andrew</b> b. (Middle) c. (Last) <b>Clyde</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 17 1953</b>			
<b>5. SEX</b> <b>Male</b> <input type="radio"/>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>May 22, 1869</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>10 years</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>unknown</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Scotland 4</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>George Clyde</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Katherine Helderle</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		<b>16. SOCIAL SECURITY NO.</b> -----	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ellen Clyde</b>		<b>17. ADDRESS</b> <b>4329 Morganford Ave.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinomatosis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Primary in leg</b>  <b>DUE TO (b)</b>  <b>DUE TO (c)</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 year</b> <b>10 years</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>9 needed with x-ray 10 year ago.</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>140X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>May 19 1952</b> <b>to</b> <b>May 17, 1953</b> <b>that I last saw the deceased alive on</b> <b>5-17, 1953</b> <b>and that death occurred at</b> <b>11:40A.m.</b> <b>from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>W. D. D.</b>		<b>(Degree or title)</b>		<b>23b. ADDRESS</b> <b>3606 Gravois</b>	
<b>23c. DATE SIGNED</b> <b>5-18-53</b>		<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>May 20, 1953</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Missouri</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 19 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. H. Wacker-Helderle</b>	
		<b>ADDRESS</b> <b>3634 Gravois Ave.</b>			

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

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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.....  
Signature of Student Embalmer

Signed..... *Robert Wheeler* .....

Licensed Embalmer No..... 21 .....

P. O. Address..... *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.