

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39141**
Registrar's No. **9799**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9799	
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 town) Saint Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2899	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1403a Desoto Avenue, 7,				d. STREET ADDRESS (If rural, give location) 1403a Desoto Avenue, 7,			
3. NAME OF DECEASED (Type or Print) a. (First) ROLLA		b. (Middle) CLIFFORD		c. (Last) READ		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27th, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15th, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wk. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Samuels Shoe Co		11. BIRTHPLACE (City and State or Foreign Country) Hoodhouse, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas J. Read		13b. MOTHER'S MAIDEN NAME Edith Flye		14. NAME OF HUSBAND OR WIFE Dean Lorraine Read nee McCann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dean Lorraine Read, 1403a De Soto Avenue ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH Two weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? 4201			
22. I hereby certify that I attended the deceased from Oct 27, 1954 , to Oct 27, 1954 , that I last saw the deceased alive on Oct 27, 1954 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE A. H. Levinger		(Degree or title) _____		23b. ADDRESS 2342 St. Louis Ave		23c. DATE SIGNED 10/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/30/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. OCT 28 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN P. FEUTZ		ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo.	

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

2012
Hours between 2:00PM & 3:00PM
THURSDAY SURE.

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 Reph C. Lindner
Licensed Embalmer No. 4275
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.