

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3293

FILED FEB 9 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before 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>Clayton</u>		c. CITY OR TOWN <u>Brentwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Hrs.</u>		STREET ADDRESS (If rural, give location) <u>3904 Jane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Julius</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Clivio</u>	<u>1 - 8 - 55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 18th 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Milan, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Francisco Clivio</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>(late) Josephine Clivio</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Ross</u>	ADDRESS <u>Above</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma.</u>		DUE TO (b) <u>Traumatic Skull injury.</u>		
*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 (c) <u>Pilat. Bronchopneumonia</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Work</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Breckenridge</u> COUNTY <u>400</u> (STATE) <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 - 8 - 55 2:28 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell down stairs</u>
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22. I hereby certify that I attended the deceased from 1 - 8 - 1955, to 1 - 8 - 1955; that I last saw the deceased alive on 1 - 8 - 1955 and that death occurred at 2:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Woulrick, M.D.</u>	(Degree of title)	23b. ADDRESS <u>601 S. Brentwood Blvd</u>	23c. DATE SIGNED <u>1-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH</u>	ADDRESS <u>Maplewood, Mo.</u>
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SW (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Wm. Branson*.....

Licensed Embalmer No. *476*
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.