

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15125

State File No.

FILED MAY 8 1956

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1001</u>			
1. PLACE OF DEATH a. COUNTY <u>S.T. LOUIS.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) --a-- STATE <u>MO</u> b. COUNTY <u>[redacted]</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>[redacted] Normandy</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>3704 Lessor</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANDY OSTEOPATHIC</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>DE</u> c. (Last) <u>CLUE</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>Feb. 12, 1894</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 17. 56</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CRYSTAL CITY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>NICHOLAS ACKERMANN</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>PATRICK DE CLUE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Flourence Hughes 8.310 White...</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial insufficiency</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>							
22. I hereby certify that I attended the deceased from <u>4-17</u> , 19 <u>52</u> , to <u>4-17</u> , 19 <u>56</u> , that I last saw the deceased <u>on April 17, 1956</u> , and that death occurred at <u>12:17</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Fred A. Coats, M.D.</u>				23b. ADDRESS <u>7335 Brown Rd</u>		23c. DATE SIGNED <u>April 17</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-18-56</u>		REGISTRAR'S SIGNATURE <u>Harold R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7420 Michigan Ave.</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.....
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *420 Michigan*

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.