

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19114**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **1325**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves,		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 4577	
c. LENGTH OF STAY (In this place) 1 mo.		d. STREET ADDRESS (If rural, give location) 760 Chamberlain Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION 760 Chamberlain Place			

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) E.	c. (Last) Cluff	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) postal employee (ret'd)	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (State or foreign country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Cluff	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Mildred I. Cluff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Cluff (son) 760 Chamberlain Place
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma to lung		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon		
	DUE TO (c) operated		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition associated			5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 153X YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar. 1, 1956**, to **death**, 19**56**, that I last saw the deceased alive on **5/24/56**, 19**56**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE Charles H. Duden M.D. (Degree or title)	23b. ADDRESS 3720 Washington Ave	23c. DATE SIGNED 5.31.56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE May 31, 1956	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 5-31-56	REGISTRAR'S SIGNATURE Herbert B. Dombard	25. FUNERAL DIRECTOR'S SIGNATURE M. J. Croghan	ADDRESS 831 East Big Bend Web. Grove
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4540 Lusk Ave.

191-5-6

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

Not Embalmed
my own hand