

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24885**  
 Registrar's No. **6074**

FILED JUL 20 1956

REG. DIST. NO. **318**

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

**6074**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6074</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (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) <b>3 hours</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is 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>St. Louis City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>223 E. Schirmer</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wiley</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Clifton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 25, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 24, 1877</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heater</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laclede Gas Co.</b>		11. BIRTHPLACE (City and State or Foreign Country): <b>Pickneyville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Clifton</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Palton</b>		14. NAME OF HUSBAND OR WIFE <b>Any</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>494 10 4300</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin Clifton 7826 Pennsylvania St. Louis, Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>  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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:30 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Keely</b>				23b. ADDRESS <b>1300 Blank</b>		23c. DATE SIGNED <b>6-27-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 28, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JUN 27 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> M. P. B.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co.</b> <b>781 1/2 So. Broadway St. Louis, Mo.</b> (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 *Bill C. Brunson*.....

Licensed Embalmer No...*4764*...

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.