

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25537

FILED JUL 18 1956

State File No. _____
Registrar's No. 1520

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 590		Registrar's No. 1520		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give town) Ladue		c. LENGTH OF STAY (in this place) 54 yrs		c. CITY OR TOWN Ladue 4431		d. 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 #26 Granada Way				e. STREET ADDRESS (If rural, give location) #26 Granada Way				
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) William		c. (Last) Clipner		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 7, 1869		9. AGE (in years last birthday) 87 yrs		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. & Buyer Ready to Wear		10b. KIND OF BUSINESS OR INDUSTRY Carpet		11. BIRTHPLACE (City and State or Foreign Country) Murphysboro, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Elza Clipner			13b. MOTHER'S MAIDEN NAME (unk) Lawyer		14. NAME OF HUSBAND OR WIFE Gertrude Violet Clipner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL-SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wallace E. Acton #26 Granada Way				
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) Gen. arterioscl DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Recent bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH INST. 20 yrs	
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)		332X		
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?				
22. I hereby certify that I attended the deceased from 6-15, 1943, to 6-25, 1956, that I last saw the deceased alive on 6-23, 1956, and that death occurred at 1 p. m., from the causes and on the date stated above.								
23a. SIGNATURE John L. Horner (Degree or title) MD			23b. ADDRESS 114 N. Taylor			23c. DATE SIGNED St. Louis 8 6-26-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. 6-26-56		REGISTRAR'S SIGNATURE Herbert A. Donche MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 617 S. Delmas				

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

Dr. Walter Farnell
Age 8600
April 1931

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 *J. E. McCullough*.....

Licensed Embalmer No. *2960*.....

P. O. Address *6175 Dec*.....

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.