

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39303

STATE FILE NUMBER

XC- 446 84 85  
SL- 10902 FILED NOV 26 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9768

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915N. GRAND. ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 28DAYS	d. STREET ADDRESS 7800 ALICIA		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last JOSEPH M CLUCAS			4. DATE OF DEATH Month Day Year OCTOBER 24, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-15-08	9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER	10b. KIND OF BUSINESS OR INDUSTRY BLDG. CONSTRUCT.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH CLUCAS			14. MOTHER'S MAIDEN NAME IRENE MATTHEWS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 351-01-0091	17. INFORMANT ST. LOUIS, MO. VA HOSPITAL RECORDS 915 N. GRAND.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ESSENTIAL HYPERTENSION, MALIGNANT DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 445x
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 9-26-56 to 10-24-56 and last saw her live on 10-24-56 Death occurred at 6:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE OF REGISTRAR Westphalinger			22b. ADDRESS 915 N. Grand, WAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 10-25-56
23a. BURIAL OR CREMATION (Specify) Burial	23b. DATE 10-29-1956	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.	(State)	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood 17, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 26 1956	26. REGISTRAR'S SIGNATURE Carl Smith MO	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*W. E. Burgess*

Licensed Embalmer No. 46

P. O. Address *Maple*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.