

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. **39342**  
Registrar's No. **9521**

318

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>3 wks</b>	c. CITY OR TOWN <b>4138 JENNINGSL</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8904 Lucerne Ct.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clifford</b> b. (Middle) <b>W.</b> c. (Last) <b>Denner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-16-56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-11-1910</b>	9. AGE (In years last birthday) <b>46</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jewelry Mfg</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>A. H. Denner</b>	13b. MOTHER'S MAIDEN NAME <b>Alma Hoermann</b>	14. NAME OF HUSBAND OR WIFE <b>Grace</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-26-1717</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grace Denner</b> ADDRESS <b>8904 Lucerne</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma (Bronchogenic carcinoma)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</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) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>162x</b>	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	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 **8-14-1956**, to **10-16-1956**, that I last saw the deceased alive on **10-16-1956**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Gillespie MD</b> (Degree or title)	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>10-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		

DATE REC'D BY LOCAL REG. <b>OCT 18 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur L. G. Co</b> ADDRESS <b>2707 9th St</b>
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WRITE PLAINLY—USING UNFAADING 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 *Herbert J. Gau Jr.*.....

Licensed Embalmer No. *4800*.....

P. O. Address *Richard 22*.....

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.