

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10753

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1841

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp</u>				Length of stay in lb <u>6 hrs</u>		STREET ADDRESS <u>#5404 Vernone Ave.</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>C.</u> Last <u>MINER.</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>22,</u> Year <u>1957</u>		5. SEX <u>Male.</u> 6. COLOR OR RACE <u>White.</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 5, 1880.</u>		9. AGE (In years last birthday) <u>76.</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chief Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Motor Co.</u>		11. BIRTHPLACE (City and state or country) <u>Jerseyville, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Miner.</u>				14. MOTHER'S MAIDEN NAME <u>Hattie Bergmeyer.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT Address <u>Mrs Lillian Miner, 5404 Vernon Avenue.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cardiac insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.1</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>1 month</u>	
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 a. m. p. m. Month, Day, Year							
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 <u>31 Jan 57</u> to <u>28 Feb 57</u> and last saw ^{him} <u>him</u> alive on <u>21 Feb 57</u> Death occurred at <u>4:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. E. King M.D.</u>				22b. ADDRESS <u>2114 East Grand Ave.</u>		22c. DATE SIGNED <u>2-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2/25/1957.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>	
24. FUNERAL DIRECTOR ADDRESS <u>C. R. Lupton & Sons, #7233 Delmar Blv'd.,</u>				25. DATE RECD. BY LOCAL REG. <u>FEB 25 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	

Dr. E. E. King.
#2114 East Grand Blv'd.,
Ch: 1-3220.
8:00 To 4:00 P.M. FRI ONLY

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 *Clarence A. Murray*.....

Licensed Embalmer No. *4011*

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.