Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031258
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2272

1. PLACE OF DEATH a. COUNTY St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kirkwood 4713 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Old Folks Home — Length of stay in lb 22 yrs	d. STREET ADDRESS (If outside, give location) 711 S. Kirkwood Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Minnie Middle Last Radcliffe	4. DATE OF DEATH Month August Day 30 Year 1958		
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH July 10 1871
9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ~~Retired~~ At home	11. BIRTHPLACE (City and state or country) Hannibal Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alexander Fowler	13b. MOTHER'S MAIDEN NAME Mary Franse	14. NAME OF HUSBAND OR WIFE Jesse Radcliffe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Old Folks Home Address records. Kirkwood, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Face with Metastases — INTERVAL BETWEEN ONSET AND DEATH over 8 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 190.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 1954, to 8-30-58 and last saw her/him alive on 8-30-58
Death occurred at 8-30-58 at 3:30 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph P. Catella Jr. MD	22b. ADDRESS 4952 Maryland	22c. DATE SIGNED 9-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-2-1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St Louis County (State) Mo.		
24. FUNERAL DIRECTOR Louis H. Bopp Inc. ADDRESS Kirkwood, MO.	25. DATE RECD. BY LOCAL REG. 9-2-58	26. REGISTRAR'S SIGNATURE H. L. Dornbe, M.D. / Sd.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

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.