

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046178

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12811

300  
1-57

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS, CITY HOSP. #1</b>		d. STREET ADDRESS (If outside, give location) <b>221a S. Broadway</b>	
3. NAME OF DECEASED (Type or print) First <b>Claude</b> Middle <b>H.</b> Last <b>Proctor</b>		4. DATE OF DEATH Month <b>12</b> Day <b>31</b> Year <b>58</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4-4-1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>general laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Alton, Mo.</b>
13a. FATHER'S NAME <b>William Proctor</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Proctor</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW#1</b>		16. SOCIAL SECURITY NO. <b>199-03-3494A</b>	17. INFORMANT <b>John Holland, New Burnside, Illinois</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic obstructive pulmonary emphysema unk</b> DUE TO (b) _____ DUE TO (c) <b>527.1H</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>hepatomegaly of unk. cause, carcinoma of pancreas</b>			INTERVAL BETWEEN ONSET AND DEATH 19. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ o.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 <b>12/3/58</b> to <b>12/31/58</b> and last saw <sup>her</sup> alive on <b>12/31/58</b> Death occurred at <b>4:50</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Jean A. Chapman, M.D.</b>		22b. ADDRESS <b>1515 Lafayette Ave.</b>	
22c. DATE SIGNED <b>12/31/1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>1-8-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jeff. Barracks, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Aker, 4104 Manchester</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 8 '59</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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

*Clarence M. Billo*

Licensed Embalmer No. *11375*

P. O. Address *St. Louis, 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.