THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016124

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 980

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kirkwood — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hosp — Length of stay in 1b: 3 1/2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4713 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 619 McCloud — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BEARE Middle: E. Last: MC/CLOUD

4. DATE OF DEATH Month: April Day: 5 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 8, 1885

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Printing C.P. Curran

11. BIRTHPLACE (City and state or country): Chester, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bron McCloud

13b. MOTHER'S MAIDEN NAME: Ida Beare

14. NAME OF HUSBAND OR WIFE: Florence McCloud

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 489-07-4251

17. INFORMANT: Florence McCloud-619 Pamela Ln. Mo. Address: Kirkwood 22,

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Azotemia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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

DUE TO (b) Pneumonia — 12 days

DUE TO (c) Myocardial infarction — 24 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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

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 1956, to 4-5-59 and last saw him alive on 4-5-59. Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Miller M.D. (Degree or title)

22b. ADDRESS 206 NORTH CLAY AVE. KIRKWOOD 22, MO. TA. 1-9150

22c. DATE SIGNED 4-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Apr. 8, 1959

23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN CEM.

23d. LOCATION (City, town, or county) (State): CHESTER, ILL.

24. FUNERAL DIRECTOR: Pfitzinger Mort-Kirkwood 22, Mo.

25. DATE REC'D. BY LOCAL REG.: 4-6-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ben E. Hoffman

Licensed Embalmer No. 436

P. O. Address Agnes 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.