

1 X10311

212 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **417**
417
Registrar's No. _____

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 Days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **John Clifton**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Ward Clifton**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **October 17, 1865**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Madison County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER
12. Name **Thomas Clifton**
13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Clifton**
(b) Address **Desloge Missouri**

17. (a) **Removal** (b) Date thereof **1/15/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Farmington Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **JAN 15 1940**
(Date received local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Desloge**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **12**,
year **1940** hour **7:10** minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from **December 25**, 19**40**, to **January 12**, 19**40**
that I last saw him alive on **January 12**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia **2 days**
Extravasation of Urine **2 wks**
Myocardial insufficiency **?**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Thin exudate in left side of serotum & cellulitis over left side of trunk.**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Robinson Jr.** (M. D. or other)
Address **1515 Lafayette** **1/15/40**

216
AUG 19 1945

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Robert E. Hopper

Licensed Embalmer No..... 2971

P. O. Address.....

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 this body is not embalmed, above space should be left blank!