

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20762

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5901**

2. PRINT FULL NAME

Horace Clark
(a) Residence, No. **St. Ag Hotel** St. **25**
(Usual place of abode, if no street address, give street and city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 1, 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **peddler**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

FATHER 13. NAME **Fred Clark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

MOTHER 15. MAIDEN NAME **Lillian Burns**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington** DATE **6-29-38**

19. FUNERAL DIRECTOR **J. F. Breckner**
(ADDRESS)

20. FILED **JUN 30 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/18/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **6/13/38**, 19, to **6/18/38**, 19

I last saw him alive on **6/18/38**, 19. Death is said to have occurred on the date stated above, at **6.15 p.m.**
The principal cause of death and related causes of importance were as follows:

Ischia rectal Abscess, cause unknown probably caused by rectal fistula.

Other contributory causes of importance:
Peritonitis, caused by Ischia rectal abscess

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Yes**
(Signed) **Wm. L. Sevens, Jr.**, M. D.
(Address) **City Hospital No. 1**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M 20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)