

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30769
Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH

(a) County Registration District No. **701**
 (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. **8206**

D. 8743
 2. PRINT FULL NAME **George Clark**
 (a) Residence, No. **2828 Shenandoah** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 12, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Printer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 10. Date deceased last worked at this occupation (month and year) **August 1938** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Philadelphia Pennsylvania**

FATHER 13. NAME **unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Wesley A. Clark Kent 2828 Shenandoah**

18. BURIAL, CREMATION, OR REMOVAL PLACE **xenia, Ill.** DATE **9-18 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe Inc. 429 North Euclid Ave.**

20. FILED **SEP 18 1938** **J. F. Prudek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/17/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **9/14/38** 19 **9/17/38** 19, I last saw him **live on 9/17/38** 19. Death is said to have occurred on the date stated above, at **4:35 a.**

The principal cause of death and related causes of importance were as follows:

Gastro-intestinal hemorrhage - most likely from gastric ulcer.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **h**

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.....

(Signed) **A. P. Red** M. D.

(Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

JUL 13 1951

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.....

Albert G. 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.