

R 26 1939

MAY 11 1939

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

16059
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 755
 (c) City Clayton (d) Street No. St. Louis County Hospital 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.

2. PRINT FULL NAME Oliver Clark
 (a) Residence, No. Scudder & Carson, S. Kinloch, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>9</u>	<u>15</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Ala.

FATHER
 13. NAME ? Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER
 15. MAIDEN NAME Martha
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT friend, Henrietta Weilder
 (ADDRESS) Scudder & Carson, S. Kinloch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE May 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. A. Bacon
2915 Franklin Ave.

20. FILED APR 26 1939 J. R. Miller
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from 3-24-39, 19, to 4-25-39, 19.
 I last saw him alive on 4-25-39, 19. Death is said to have occurred on the date stated above, at 5:25 A. M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease with myocardial decompensation.
 Date of onset 2/20/35

Other contributory causes of importance:
Patient has had repeated episodes of decompensation over period of several years.

Name of operation none Date of
 What test confirmed diagnosis? physical Was there an autopsy? no
S. K. G.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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? no.
 If so, specify
 (Signed) Walter A. Lytle, M. D.
 (Address) St. Louis County Hospital

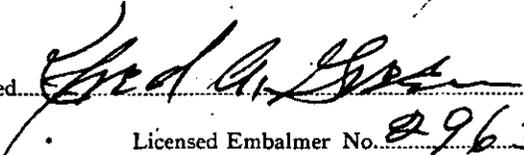
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

M. M.

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 

Licensed Embalmer No. 2963

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.