

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31748
Registrar's No. 8211

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 2
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3950 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Fred V. Clark 462
3. (b) If veteran, name war _____ 3. (c) Social Security No. 49001-1372

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Clark 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 9 3 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 19 hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Polisher
Retired

11. Industry or business _____
12. Name Unknown Clark
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Edith Clark
(b) Address 3950 St. Louis Ave.

17. (a) Burial (b) Date thereof 9 25 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Brothman-Narsel
(b) Address 1905 Union Blvd.

19. (a) SEP 25 1939 (b) J. F. Bruck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3950 St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 22
year 1939 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec 29, 1938 to 9-22, 1939
that I last saw him alive on 9-20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung
Duration 1-7-39

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Jan 7, 1939
Bronchopneumonia & Biopsy
Of operations _____
Of autopsy _____

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 N. L. Pugh (M. D. or other) _____
Address 3126 N. Grand Date signed _____

3/26/11
Hanson 10-11
Hanson

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 B M Sanford
Licensed Embalmer No. 2273
P. O. Address Hanson

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.