

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1991

1. PLACE OF DEATH:

(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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City, NR
(If outside city or town limits, write "RURAL")
(d) Street No. # 6965 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Susan C. Clark

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry E. Clark 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 24, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business At Home

12. Name William L. Maddock

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Duncan

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. M. Clark

(b) Address # 6965 Delmar Blvd.

17. (a) burial (b) Date thereof 2-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director C. P. Lupton & Sons

(b) Address # 1233 Delmar Blvd.

19. (a) FEB 27 1940 (b) J. F. Gredsch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1940 hour one minute A M.

21. I hereby certify that I attended the deceased from 1-21-40
_____, 19____, to 2-27-40, 19____;
that I last saw him alive on 2-26-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
coronary sclerosis
chronic bronchial pneumonia
Due to phlegmon of neck
toxic adenocarcinoma
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations successful prostatectomy
neck on 1-31-40
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 Ernest W. Whalley (M. D. or other) _____
Address Delmar Date signed 2-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Theodor Bell
2:30 - 6:00 P.M.
JE - 9714

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

Don K. Muschong

Registered Apprentice No. 219

working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.