

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days
(Specify whether _____)
In this community 23 Years
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2100 Howard St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Clark

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Bertha Clark 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 13th, 1887.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 18 hr. min.

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

10. Usual occupation Retired Chauffeur.

11. Industry or business _____

12. Name Patrick Clark.

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

14. Maiden name Margaret Schidde.

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

16. (a) Informant Bertha Clark.

(b) Address 2100 Howard St.

17. (a) Burial (b) Date thereof 11-4-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director H. Leidner and Co

(b) Address 2223 St. Louis Ave.

19. (a) NOV 3 1940 (b) J. F. [Signature]
(Date received by registrar) (Registrar's Signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1,
year 1940 hour 7:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 7,
1940 to November 1, 1940;
that I last saw him alive on November 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Possible Coronary Thrombosis

Due to Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) 10 2

Major findings: Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/2/40

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 Wm. L. Pender

Licensed Embalmer No. 3367

P. O. Address 223 St. Louis av

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, fact should be so stated above.