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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5003

State File No. \_\_\_\_\_

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1251

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital  $\Delta$   
(If not in hospital or institution, write street number or location)  
2 mos 20 das

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 42 years years, months or days)

3. (a) PRINT FULL NAME George Clark

3. (b) If veteran name war None 3. (c) Social Security No. 6804

4. Sex Male 5. Color or race cal 6. (a) Single, widowed, married single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 2 (Month) 26 (Day) 1869 (Year)

8. AGE:

Years <u>71</u>	Months <u>11</u>	Days <u>8</u>	If less than one day hr. _____ min. _____
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9. Birthplace Babine, Calage, Ark (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Weyerhaeuser

12. Name George Clark

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

14. Maiden name Martha

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

16. (a) Informant Edward J. Spender

(b) Address 6726 Spender Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery

18. (a) Signature of funeral director W. W. Whittier

(b) Address 3033 Cedar St

19. (a) FEB 7 1941 (Date received local registrar) (b) J. W. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1217

(d) Street No. 5237 Waterman (Rear) (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1941 hour 9:50 minute \_\_\_\_\_ A M.

21. I hereby certify that I attended the deceased from November 14, 1940, to February 4, 1941, that I last saw him alive on February 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Prob 5 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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) (a) Means of injury \_\_\_\_\_

23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 2/4/41

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

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17  
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**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.....

*William C. McDowell*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Wm C. McDowell*

Licensed Embalmer No.....

*2114*

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; fact should be so stated above.**