No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40685

State File No.

FILED JAN 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10455

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3410 Washington
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 21 000

(c) City or town ST. LOUIS. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3410 WASHINGTON AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME RALPH. E. CLARK.

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-4218

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED.

6. (b) Name of husband or wife ELLA UNKNOWN

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL (Month) 3 (Day) 1868 (Year)

8. AGE: Years 55. Months 8 Days 27. If less than one day hr. min.

9. Birthplace MO. 0 (City, town, or county) (State or foreign country)

10. Usual occupation BUNDLE WRAPPER.

11. Industry or business FAMOUS & BARR. CO.

FATHER
12. Name CHAS. F CLARK.
13. Birthplace VIRG. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATE GILMORE
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant W. R. Clark.
(b) Address 7252 NORTHMOOR.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 12-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Muller.
(b) Address 5165 DELMAR BLVD.

19. (a) DEC 31 1941 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1941 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage of Brain (Traumatic) suffered when he fell from Ledge on Sidewalk

Due to: Front of 3410 Washington Ave on 12/20/41

Due to: Exact time Unknown

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
Of autopsy 39

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) Accident
(b) Date of occurrence 12/20/41 000
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 21 Public Place (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Cemetery Room Date signed 12/31/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.