

No. 2  
9-4-41  
17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12497

State File No.

3598

FILED MAR 7 1942 91

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
In this community 4 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3941 S. Grand Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Clardy

3. (b) If veteran, name war none 3. (c) Social Security No 702-18-5514

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

6. (b) Name of husband or wife Mary L. Clardy 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 20, 1869  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>72</u> | <u>10</u> | <u>1</u> | hr. min.             |

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

10. Usual occupation Fuel Inspector

11. Industry or business Missouri Pacific R. R.

MOTHER FATHER

12. Name Martin Linn Clardy  
13. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Eugenia Frierson  
15. Birthplace College Hill Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. F. Clardy  
(b) Address 7570 Byron Rd. Clayton, Mo.  
17. (a) Burial (b) Date thereof 4/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.  
18. (a) Signature of funeral director Wagoner Und. Co.  
(b) Address 3621 Olive St. St. Louis Mo.

19. (a) APR 22 1942 (b) J. F. Brueck  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 1942  
year 7:20 hour 4 m. minute 00 M.

21. I hereby certify that I attended the deceased from 12-8-41  
1941 to 4-21-42 1942  
that I last saw him alive on 4/21/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident  
Duration 1 yr.

Due to Hypertensive Heart Disease

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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 W. H. Budde (M. D. or other)  
Address 1100 Pacific Hwy. Date signed 4/23/42

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

8888

*Charles W. Morrison  
Cordery*

**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 *Neville D. Frohwitter*

Licensed Embalmer No. 3696

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, fact should be so stated above.**