

FILED FEB 9 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1028

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:
3400 So. Grand Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Month (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Clark

3. (b) If veteran, name war No 3. (c) Social Security No. unknown

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years About 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Sligo County Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation retired Carpenter

11. Industry or business Frank Clark

12. Name Frank Clark Ireland

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

14. Maiden name UNKNOWN 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John Barnes
(b) Address 1416 St. Louis Ave.

17. (a) removal (b) Date thereof 2-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 1 1943 (b) J. F. Budeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 16
(d) Street No. 3400 South Grand Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1943 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 26 to Jan 30 1943
that I last saw him alive on Jan 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 1 week

Due to Cardio Vascular
Renal disease 2 yrs

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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 [Signature] (M. D. or other) 9/43
Address [Signature] Date signed _____

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

MOTHER FATHER

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

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..... *Albert G. Hoff*

Licensed Embalmer No..... *2971*

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.