

FILED MAY 31 1944

Registration District No.

Primary Registration District No. **1003**

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

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:  
1537 COLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME

Infant Clark  
Discarded

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race 3 NEGRO 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: 4 11 44  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 9 hr. 13 min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name RALPH B. CLARK

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

14. Maiden name IRA BRYANT

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

16. (a) Informant RALPH B. CLARK

(b) Address 1537 COLE

17. (a) ST. LOUIS UNIVERSITY SCHOOL OF  
(b) Date thereof 4-11-44  
(Month) (Day) (Year)

(c) Place: burial or cremation MEDICINE

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

(b) Address 3500 Rutger

19. (a) APR 27 1944 (b) J. F. Medeah  
(Date received local registrar's certificate) (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") 725  
(d) Street No. 1537 COLE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11  
year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-11  
1944, to 4-11, 1944,  
that I last saw her alive on 4-11, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA ASSO-  
CIATED WITH PREMATUREITY  
Due to EXPOSURE

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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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 Dymus D. Winter (M. D. or other) MD  
Address 1325 So. Grand Ave Date signed 5/12/44

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**