V. S. No. 2
0M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26138

FILED AUG 21 1944 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6968

1. PLACE OF DEATH:

(a) County St Louis,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: StMary's Infirmary, 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days, (Specify whether
In this community 48 yrs, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17
(c) City or town StLouis, 0 (If outside city or town limits, write "RURAL")
(d) Street No. 1920a ~~1935~~ Bellglade, 11 (If rural, give location)
(e) Citizen of foreign country? no, (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Clark,
3. (b) If veteran, name war none,
3. (c) Social Security No. 497-20-9117.
4. Sex Male
5. Color or race 2 Col
6. (a) Single, widowed, married, divorced 2 Widower,
6. (b) Name of husband or wife Susie Clark, deceased,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 20th, (Month) (Day) (Year)

8. AGE: Years Abt-76 Months — Days — If less than one day hr. min.

9. Birthplace Montgomery, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Barber,
11. Industry or business
12. Name Ned Clark,
13. Birthplace Montgomery, Missouri. 0 (City, town, or county) (State or foreign country)
14. Maiden name ? ?
15. Birthplace ? ? 9 (City, town, or county) (State or foreign country)
16. (a) Informant Jack ~~Jack Danent~~ Daniels
(b) Address 1925a ~~1935~~ Bellglade,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 / 9/44. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Lee J. Sneed
(b) Address 3615 Easton Ave,
19. (a) AUG 9 1944 (Date received local registrar) J. F. Breuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th, year 1944. hour 8:30. minute P. M.
21. I hereby certify that I attended the deceased from July 15, 1944, to August 7th, 1944, that I last saw him alive on August 7th, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 4 Months
Due to Hypertrophied Prostate
Due to
Other conditions (Include pregnancy within 3 months of death) 131
Major findings: Of operations Hypertrophied Prostate
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. T. Aldrich 0 (M. D. or other)
Address 2605a Franklin Ave Date signed 8-8-44

844 (Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas, StLouis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of City St. Louis

State File No. 2.6...
Local Registrar's No. 6968 8

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of February, 1945, before me appears Lee J. Sneed, who, upon his oath, states that the original record of ~~birth~~ ~~death~~ for Edward Clark, died ~~born~~ Aug. 7-1944, 19..., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 16 a should read Jack Daniels
Instead of Jock Danuel

Item No. 2 d d should read ~~1125 x Belleglade~~ 1925 a Belleglade
Instead of 1935 Bellglad

Item No. 16 B should read 1925 a Belleglade
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Corrected 2-6-45

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Lee J Sneed Informant
Relationship.

3615 Easton
Present Address.

Subscribed and sworn to before me this 6 day of Feb., 1945

My Commission expires ~~My Commission Expires~~ Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929