

U. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

18282

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4728

FILED JUN 30 1946

1003

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: 1539 S. 7th St. 1
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1539 S. 7th St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph H. Clark

3. (b) If veteran, name war World War I. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1946 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5/11 1944 to May 25 1946 that I last saw him alive on 5/23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 5 days Duration

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

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

7. Birth date of deceased: July 29 1887
(Month) (Day) (Year)

Due to Tuberculosis Throat and Lung

Due to Pulmonary Tuberculosis 2 years

Other conditions no
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired huckster

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Joseph H. Clark

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

14. Maiden name Christina Wagner

15. Birthplace Centerville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Christina Clark

(b) Address 1537 S. 7th St.

17. (a) Burial (b) Date thereof 5-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director With Bro. & Nls.

(b) Address 2929 S. Jefferson Av.

19. (a) MAY 27 1946 J. F. Breddet
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Albert F. B... (M. D. or other) _____

Address 1841 112 Date signed 5/25/46

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

17101

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 Edgar F. With.
Licensed Embalmer No. 2667
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.