

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5127

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 days
(Specify whether _____)
In this community _____
years, months or days

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. 4714 Genevieve
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME CLARK, ROBERT CRITTENDEN

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, separated
6. (b) Name of husband or wife Lois 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Sept 19 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Unemployed

12. Name Thos. C. Clark
13. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Ferguson
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Cook
(b) Address 4717 Genevieve

17. (a) Burial (b) Date thereof 6/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edward G. Co.

(b) Address 3710 N. Grand Blvd.
19. (a) JUN 8 1946 Joe Budeck
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1946 hour 8 minute 20 p.m.

21. I hereby certify that I attended the deceased from April 13, 1946, to June 7, 1946
that I last saw him alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx Duration _____

Due to _____

Due to _____

Other conditions Malnutrition, severe
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation PHYSICIAN _____

Of autopsy No autopsy 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 R. Bradley (M. D. or N. M. D.)
Address Barnes Hospital Date signed 6/8/46

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

MOTHER, FATHER

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..... *V. C. Morris*

Licensed Embalmer No. *3360*

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.