

FILED APR 25 1947

Registration District No. **318**

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:  
St. Anthony Hospital *o*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... *000*

(c) City or town..... St. Louis *15-17*  
(If outside city or town limits, write "RURAL")

(d) Street No. 4749 Alaska  
(If rural, give location) *9*

(e) Citizen of foreign country?..... no (Yes or No) *o*  
If yes, name country.....

3. (a) PRINT FULL NAME Stephen M. Clark

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

4. Sex M *o* 5. Color or race W

6. (a) Single, widowed, married, divorced single *o*

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

7. Birth date of deceased April 11 1947  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.  
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 11  
1947 to April 12 19..... 47  
that I last saw h. im alive on 4/12/47 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

|   |   |   |             |
|---|---|---|-------------|
| 0 | 0 | 0 | 16 hr. min. |
|---|---|---|-------------|

Immediate cause of death Acute dilatation of heart Duration 5 mins

Due to Premature - 7 mons. 3 weeks

Due to.....

Other conditions 151  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Infant

PHYSICIAN

Major findings: Of operations.....

Of autopsy Acute dilatation of heart  
Dr. Portuondo, Pathologist, St. Anthony

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Melvin Clark

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

14. Maiden name Jeanette Clark

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

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? *o*

16. (a) Informant Melvin Clark

(b) Address 4749 Alaska

17. (a) burial (b) Date thereof 4-14-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Elva Simpson (M. D. or other) *H.O.*  
Address 3739 Gravois Date signed 4/13/47

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 3013 Meramec

19. (a) APR 14 1947 (b) J. F. Bredech  
(Date received local registrar) (Registrar's signature)

Mr. Elmer Williamson

3739 Lincoln

11-12 AM Sunday

**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.**