

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18698

State File No.

FILED MAY 29 1947

Registrar's No.

Registration District No.

318

Primary Registration District No.

1003

5080

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **1902a S. Broadway** 9
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN EARL CLARK**

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

4. Sex **Male** 0 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Caroline Clark**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **January 16-1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 **4** **2** hr. min.

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

10. Usual occupation **Night Watchman**

11. Industry or business

MOTHER FATHER { 12. Name **James Clark**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Smith**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Caroline Clark**
(b) Address **1902a S. Broadway**

17. (a) **Burial** (b) Date thereof **May 21-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection**
18. (a) Signature of funeral director **W. H. Modell**
(b) Address **1926 Allen Avenue**

19. (a) **MAY 21 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18th**
year **1947** hour **5** minute **00** A.M.

21. I hereby certify that I attended the deceased from **May 16**, 1947, to **May 18**, 1947,
that I last saw him alive on **May 18**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture of sigmoid** + **Peritonitis**
Cause of Rupture not known
Duration **1 hr**

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **129**

Major findings: Of operations.....
Of 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?

(Specify type of place)
While at work? **H. H. Modell** (b) Means of injury.....
23. Signature **H. H. Modell** (D. or other)
Address **917-5018** Date signed **5-19-47**

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

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.....

Me

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

Signed.....

Benji L. Duncan

Licensed Embalmer No. **2272**

P. O. Address **1926 Allen Avenue**

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.