No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39523

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10926

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De. Paul Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution birth (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. 1936 Wright
(If rural, give location)
26
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Clark (male)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 - 27 - 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation x
11. Industry or business x
FATHER
12. Name James W Clark
13. Birthplace Brinesburg Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jewell Young
15. Birthplace Leadington Mo. (City, town, or county) (State or foreign country)
16. (a) Informant James W Clark-father
(b) Address 1936 Wright Str
17. (a) Burial '47 (Burial, cremation, or removal) (b) Date thereof Nov. 29 '47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Hy. Leidner Und. Co
(b) Address 2223 St. Louis Ave.
19. (a) NOV 29 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1947 hour 12:15 minute P M.
21. I hereby certify that I attended the deceased from Nov. 27, 1947, to Nov. 27, 1947
that I last saw him alive on Nov. 27, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial Hemorrhage	hrs.
Due to Defective development	mos.
Due to	
Other conditions Congenital dislocated hip. Diaphragmatic hernia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None performed.

PHYSICIAN
Underline the cause of 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 Joseph D Judy (M. D. or other) MD
Address 9 S. Parissan Ferguson, Mo. Date signed 11/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Joseph D Judy

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.

Not Embalmed

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.