No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6187

State File No. 1159

Registration District No. 318 Primary Registration District No. 100 Registrar's No.

WRITE PLAINLY—USING 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: Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1354 a Glasgow 4
(If rural, give location)
21 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alonzo Clark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luanna Clark
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov. (Month) 10 (Day) 1907 (Year)

8. AGE: Years 40 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Hotel Belleville
FATHER
12. Name Willie Clark
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christine Thomas
15. Birthplace Henderson, Ky (City, town, or county) (State or foreign country)
16. (a) Informant Luanna Clark
(b) Address Belleville, Ill.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Feb 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill
18. (a) Signature of funeral director Albert B Baldus
(b) Address Belleville, Ill.
19. (a) FEB 4 - 1948 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 3 minute 30 a M.
21. I hereby certify that I attended the deceased from Feb. 1, 1948 19 to Feb. 3 1948
that I last saw him alive on Feb. 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Brain Disease — Duration Undet.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 O
23. Signature Herbert J Erwin (M. D. ~~or other~~)
Address 2601 NO Whittier St. Date signed 2/4/48

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

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 A. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleville Ill

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.