

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1949

17158

State File No. 17158
Registrar's No. 4514

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17158		Registrar's No. 4514		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			9	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 1338 Laurel Ave.						
3. NAME OF DECEASED (Type or Print) Peter		a. (First)		b. (Middle) J.		c. (Last) Clarke		4. DATE OF DEATH May. 21, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 4, 1880		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler			10b. KIND OF BUSINESS OR INDUSTRY St. Louis City Water Wks.			11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Peter Clarke			13b. MOTHER'S MAIDEN NAME Cade			14. NAME OF HUSBAND OR WIFE Anna E. Clarke				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 500-26-1980		17. INFORMANT'S SIGNATURE OR NAME Peter E. Clarke ADDRESS 1338 Laurel Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____							INTERVAL BETWEEN ONSET AND DEATH 3 months		
19a. DATE OF OPERATION May 3 - 49	19b. MAJOR FINDINGS OF OPERATION Cirrhosis of Liver						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 12th		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5810									
22. I hereby certify that I attended the deceased from April 15, 1949 , to May 20, 1949 , that I last saw the deceased alive on May 20, 1949 , and that death occurred at 8 A. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Wm P Gleason MD				23b. ADDRESS Memphis by club Bldg 51			23c. DATE SIGNED 5-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri					
DATE REC'D BY LOCAL REG. MAY 23 1949		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart ADDRESS 122.5 Union					

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Almont McNeary*

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.