

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34919

State File No. ....

Registrar's No. 8897

BIRTH MO. <b>OCT 23 1951</b>		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2069</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>5738a Theodosia</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>St. Louis City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Charles</b>	
c. (Last) <b>Clark</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 7, 1898</b>
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	11. BIRTHPLACE (State or foreign country) <b>Alabama</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Whip &amp; Collar Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Joseph Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Mary King</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Clark</b>		ADDRESS <b>5738a Theodosia</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> <b>(left hemisphere)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. Cardiovascular</b> DUE TO (c) <b>heart disease with hypertension</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>		APR/49	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 19 10-8-51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. HOW DID INJURY OCCUR <b>H43X</b>	
22. I hereby certify that I attended the deceased from <b>Apr. 1949</b> , to <b>10-8-51</b> , 19___, that I last saw the deceased alive on <b>10-8-51</b> , 19___, and that death occurred at <b>5:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>D. C. Hoppe M.D.</b>		23b. ADDRESS <b>45235 Kingsbury</b>	23c. DATE SIGNED <b>10-9-51</b>
24a. BURIAL, CREMATION, REMOVAL <b>removal</b>	24b. DATE <b>10-8-51</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Paducah, Ky.</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 8 1951 J. Earl Smith M.D. K.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Robert M Murray*

Licensed Embalmer No. *3749*

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.