

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38831

State File No.

FILED NOV 30 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9607**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks 4880	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1121 Scott Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) Elva	b. (Middle) A.	c. (Last) Clark
4. DATE OF DEATH	(Month) Oct.	(Day) 29,	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW ✓	8. DATE OF BIRTH Jan. 21, 1889
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Wilson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William T. Clark Sr.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME William T. Clark Jr. ADDRESS 1121 Scott Rd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus	DUPLICATE OF (b) metastases to vertebrae		2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
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? 171X	
22. I hereby certify that I attended the deceased from July , 1951, to Oct 29, 1951 , that I last saw the deceased alive on Oct 29, 1951 , and that death occurred at 11:45p.m. , from the causes and on the date stated above.			
22a. SIGNATURE C. J. Brown	(Degree or title) MD	22b. ADDRESS 539 N Grand	22c. DATE SIGNED 10-30-51
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 11-1-51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. OCT 30 1951	REGISTRAR'S SIGNATURE J. J. Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan ADDRESS 4700 Washington	

(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

John D. Kennedy

Licensed Embalmer No. *4194*

P. O. Address.....

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.