

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39760**
10957

DEC 10 1951

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1420 CLARK AVE	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Speed	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1951
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5. SEX FEMALE	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 5-17-1901	9. AGE (In years last birthday) 50	10 UNDER 1 YEAR Months	11 UNDER 24 HRS. Days	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME ROBERT SPEER	13b. MOTHER'S MAIDEN NAME JANNIE BLANKS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Arnothen Voong	ADDRESS 1420 CLARK
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Heart Disease		Undet.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-6**, 19 **51**, to **12-9**, 19 **51**, that I last saw the deceased alive on **12-9**, 19 **51**, and that death occurred at **7:56a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dariusz Wzstarris M. D. O	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 12-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-14-51	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	24d. LOCATION (City, town, or county) (State) St. Louis County MO
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DATE REC'D BY LOCAL REG. DEC 11 1951	REGISTRAR'S SIGNATURE J. Earl Booth	25. FUNERAL DIRECTOR'S SIGNATURE Denise Law	ADDRESS 3103 Westholme Ave
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

H. L. Claude

Signed _____

H. L. Claude

Gordon

Licensed Embalmer No. _____

3489

P. O. Address _____

4575 ALDINE

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.