

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1952

BIRTH NO. 14431 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 255

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON Mo
 c. LENGTH OF STAY (in this place) 38 MIN.
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY ST. LOUIS
 c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND 409X
 d. STREET ADDRESS (If rural, give location) 3664 Isolda

3. NAME OF DECEASED
 a. (Type or Print) BABY GIRL b. (Middle) CLARK c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year)
1 30 52

5. SEX FEMALE 6. COLOR OF RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE U

8. DATE OF BIRTH 1-30-52

9. AGE (In years last birthday) 1 MONTHS 30 DAYS 52 HOURS 38 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NONE

10b. KIND OF BUSINESS OR INDUSTRY
NONE

11. BIRTHPLACE (State or foreign country)
CLAYTON Mo U

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME LACY E. CLARK

13b. MOTHER'S MAIDEN NAME Betty Kerbo

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
LACY E. CLARK 3664 Isolda

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) Aspiration Asphyxia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Prematurity
 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
15 min

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
7625

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1952, to 1-30 1952; that I last saw the deceased alive on 1-30, 1952, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wayne E. Roberts, M.D. U

23b. ADDRESS 601 S. Brentwood Clayton

23c. DATE SIGNED 1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE 22-1-52

24c. NAME OF CEMETERY OR CREMATORY ST. LOUIS CREMATORY

24d. LOCATION (City, town, or county) (State) ARSENAL ST. ST. LOUIS MO

DATE REC'D BY LOCAL REG. 1-31-52

REGISTRAR'S SIGNATURE Herbert R. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
St. Louis County Hosp. 601 S. Brentwood

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 Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

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.