

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36249**
9986

No. 300
10.48

NOV 13 1952

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 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			
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 4443 West Belle Place					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) T.		c. (Last) Clark			
4. DATE OF DEATH (Month) (Day) (Year) 10-28-52		5. SEX male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 21, 1880		9. AGE (In years last birthday) 72			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Sec. (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Urban League		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Ky.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John R. Clark		13b. MOTHER'S MAIDEN NAME Sally Cutter			
14. NAME OF HUSBAND OR WIFE Blanche Clark		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.			
17. INFORMANT'S SIGNATURE OR NAME Blanche Clark		ADDRESS 4443a West Belle Pl.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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 4 mos. Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from Jan 1952 to Oct 28, 1952 , that I last saw the deceased alive on 10-28, 1952 , and that death occurred at 10:28 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE M.D. Jefferson		(Degree or title) M.D.		23b. ADDRESS 111 W. Jefferson			
23c. DATE SIGNED 10-29-52		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-31-52			
24c. NAME OF CEMETERY OR CREMATORY Eastern Cemetery		24d. LOCATION (City, town, or county) (State) Louisville, Ky.					
DATE REC'D BY LOCAL REG. OCT 30 1952		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co.			
		ADDRESS 2752 Pine Blvd.					

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 James P. Carter

Licensed Embalmer No. 4681

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.