

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2658
0105

FILED JAN 26 1954

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 1435a N. Grand Avenue 2119	

3. NAME OF DECEASED (Type or Print) a. (First) Barley b. (Middle) _____ c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) Jan 5, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 1, 1893	9. AGE (In years last birthday) 60	10. IF UNDER A YEAR Months 9 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Washer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State, or Foreign Country) Morganfield, Kentucky	
13a. FATHER'S NAME Ike Clark		13b. MOTHER'S MAIDEN NAME Martha Taylor		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) First World War	16. SOCIAL SECURITY NO. 489-12-0090	17. INFORMANT'S SIGNATURE OR NAME Jones Clark Canova N. Dakota		ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, Basilar		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subdural Hematoma		_____
	DUE TO (c) when he fell in street at Grand and Cass Ave		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jan 2 1954 about		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 9:00 pm Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT OR HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 2 54 9:10	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9035
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:25A** m., from the causes and on the date stated above. **44**

23a. SIGNATURE (Degree or title) Chief Clerk Deputy Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 7, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 6 1954	25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith	ADDRESS Mo. Sull - Campbell Mortuary 5165 Delmar
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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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Rex P Campbell*.....

Licensed Embalmer No. 38

P. O. Address *W Lains*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.