

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2660

State File No. ....

FILED FEB 2 1954

318

1003

0376

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4111 Finney Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4111a Finney Avenue</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>S.</b>	c. (Last) <b>Clarke</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1954</b>
--	--------------------------	----------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 1, 1881</b>	9. AGE (in years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
-----------------------	----------------------------------	--	--	--	--------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Toney's Tavern</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Delhigh, Louisiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	---

13a. FATHER'S NAME <b>George Clarke</b>	13b. MOTHER'S MAIDEN NAME <b>Ella (?)</b>	14. NAME OF HUSBAND OR WIFE <b>Nettie Clarke</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nettie Clarke</b>	ADDRESS <b>4111a Finney Avenue</b>
---	--------------------------------------	---	---------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yr</b> <b>4 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Rheumatism</b>		
	DUE TO (b) DUE TO (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? <b>4214</b>
---	--	---

22. I hereby certify that I attended the deceased from **Jan 5 1954** to **Jan 12 1954** that I last saw the deceased alive on **Jan 12 1954** and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel Stafford</b>	(Degree or title)	23b. ADDRESS <b>2605 Franklin</b>	23c. DATE SIGNED <b>1-14-54</b>
--	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/15/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>JAN 14 1954</b>	REGISTRAR'S SIGNATURE <b>Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	ADDRESS <b>4107 Finney Av</b>
--	--	---	----------------------------------

(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 Arthur L Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.