

## STANDARD CERTIFICATE OF DEATH

State File No. **24375**  
Registrar's No. **6523**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6523</b>	
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) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS <b>4329 a Delmar</b>		<b>2199</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ivory</b>		b. (Middle) _____		c. (Last) <b>Clark</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1954</b>	
5. SEX <b>2</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>April 1, 1951</b>	
9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>		IF UNDER 1 HR. Hours <b>11</b> Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Carl Hurd</b>			13b. MOTHER'S MAIDEN NAME <b>Lucille Clark</b>			14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Clark</b> ADDRESS <b>4329a Delmar</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus, Meningo-myelocoele</b>		MEDICAL CERTIFICATION <b>Hydrocephalus, Meningo-myelocoele</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undt</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Mental conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Heat Exhaustion</b>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR <b>752x F</b>	
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"/>		22. I hereby certify that I attended the deceased from <b>July 13, 1954</b> , to <b>July 15, 1954</b> , that I last saw the deceased alive on <b>July 15, 1954</b> , and that death occurred at <b>3:05 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Helen Nash</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>7/16/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Metropolitan Funeral Sys. Inc.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Paul V. Freeman

Licensed Embalmer No. 1686

P. O. Address 1789 Hamm

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.