

STANDARD CERTIFICATE OF DEATH

State File No. **24376**

No. 300  
10.48

XC 2236204  
REG. 13 ST. 13  
FILED JUL 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6025**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY OR TOWN <b>915 N. Grand Blvd. St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) <b>102 DAYS</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____  c. CITY OR TOWN <b>ST. LOUIS</b> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>23 1810 Oregon 2239</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>JOSEPH D. CLARK</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7-3-54</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>12-13-97</b>
<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>PHARMACIST</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>RETAIL PHARMACY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <b>HUMBOLDT, TENNESSEE</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>JOSEPH CLARK</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>DELIA BLAKEMORE</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>MAE CLARK</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>	<b>16. SOCIAL SECURITY NO.</b> <b>488-05-7987</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKOSARCOMA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>18. INTERVAL BETWEEN ONSET AND DEATH</b> <b>18 MOS.</b>		<b>19a. DATE OF OPERATION</b> _____	
<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ <b>VA m.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>2002</b>	
<b>22. I hereby certify that I attended the deceased from 3-23, 1954, to 7-3, 1954, and that death occurred at 5:20 P.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Joseph Ankenbrandt</i> (Degree or title) _____		<b>23b. ADDRESS</b> <b>M.D. VAH, ST. LOUIS, MISSOURI</b>	
<b>23c. DATE SIGNED</b> <b>7-3-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>REMOVAL</b>	
<b>24b. DATE</b> <b>7-6-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>METHODIST CHURCH Caledonia</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Missouri</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 6 1954</b>	
<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>		<b>FEDERAL DIRECTOR'S SIGNATURE</b> <i>W. Thomas Rutter</i>	
<b>ADDRESS</b> <b>2906 Crovois</b>		(Licensed Embalmer's Statement on Reverse Side)	

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 *Leo J. Budde*.....  
Licensed Embalmer No. *398*.....  
P. O. Address *St. Louis*.....

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.