

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7224

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place) <u>3 months 13 days</u>	c. CITY OR TOWN <u>Warrenton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1090 J</u>	
3. NAME OF DECEASED (Type or Print) <u>NORA</u>		a. (First) <u>CLARK</u>	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 19 - 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 28, 1875</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gainesville, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>CITIZEN</u>		13a. FATHER'S NAME <u>Jeff Howeth</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>W.C. Clark, dec'd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ernest Jennings</u>		ADDRESS <u>5217 Shaftsbury</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC LOBAR PNEUMONIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>HEART DISEASE. CYSTITIS.</u>	
19a. DATE OF OPERATION <u>5-16-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture Left femur. Transcervical.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fell in home.</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>530 X 9030</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 9 - 1955</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Patient fell in home.</u>		21g. <u>29</u>	
22. I hereby certify that I attended the deceased from <u>5-9</u> , 19 <u>55</u> , to <u>8-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>55</u> , and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ruis Gonzalez Rios</u>		23b. ADDRESS (Degree or title) <u>M.D. 1325 South Grand Blvd.</u>	
23c. DATE SIGNED <u>8-19-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
DATE REC'D BY LOCAL REG. <u>AUG 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
ADDRESS <u>4700 Washington</u>		ADDRESS	

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 *Olus R. Padwell*.....

Licensed Embalmer No. *407*.....

P. O. Address *J. L. L...*.....

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.