No. 300
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FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11559

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): DOA

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 31 Kingsbury Place

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): VERNON
c. (Last): CLARK, JR.

4. DATE OF DEATH (Month) (Day) (Year): December 16th, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 27, 1910
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 0, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and State or Foreign Country): East St. Louis, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Richard Vernon Clark
13b. MOTHER'S MAIDEN NAME: Lulu Butler
14. NAME OF HUSBAND OR WIFE: Florence W. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: 491-18-8082
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Florence W. Clark — ADDRESS: 31 Kingsbury Place

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mucous plug in trachea
DUE TO (c) Laryngectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Larynx

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Total Laryngectomy 3 years ago
20. AUTOPSY? YES [X] NO [ ]

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): 161 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 17, 1952, *to* June 19, 1956, *that I last saw the deceased alive on* Dec. 11, 1956 *and that death occurred at* 8:22 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Nicholas Sauer (Degree or title) MD
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 12-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12 / 19 / 56
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: DEC 17 1956
REGISTRAR'S SIGNATURE: Earl Smith MD MDC
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. Lupton & Sons — ADDRESS: 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side)

Beaumont Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3865

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.