

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

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State File No. **6069**
Registrar's No. **822**

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 MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27 Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 0/19 4234 E. Cote Brillante Ave.			
3. NAME OF DECEASED (Type or Print) DENNIS		a. (First)		b. (Middle) A.		c. (Last) CLARK	
4. DATE OF DEATH Jan. 21 1957		5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 13 1891		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 0 Days 8		IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY Queen's Work		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dennis Clark		13b. MOTHER'S MAIDEN NAME Jane Nellona		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) No		16. SOCIAL SECURITY NO. 490-26-7859		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Dowell 4234 E. Cote Brillante			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Brain Injury; suffered when struck by street car operated by one Aud [unclear] at the intersection of Grand and Easton Aves. about 11:15 am, January 4th 1957. DUE TO (a) --- 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1957		19b. MAJOR FINDINGS OF OPERATION E840x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street 11		21c. (CITY-TOWN, OR TOWNSHIP), COUNTY, STATE St. Louis, Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 4 57 11¹⁵ am	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 A m., from the causes and on the date stated above.							
23a. SIGNATURE Jose M. Quinn		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/23/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 26, 1957		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 25 '57		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON		ADDRESS 3133 Bell Ave.	

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 *Euler N. Harris*

Licensed Embalmer No. *74*

P. O. Address *4181 7/10*

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.