t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034535
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8909

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 2520 N. SARAH — Length of stay in Hospital or Institution: 21 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4150a ST. FERDINAND — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLARK Middle Last NEAL
4. DATE OF DEATH: Month 9 Day 13 Year 58
5. SEX: MALE
6. COLOR OR RACE: Colored
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: APRIL 7, 1902
9. AGE (In years last birthday): 56 YRS — IF UNDER 1 YEAR: Months 5 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): MISS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: JANIE
14. NAME OF HUSBAND OR WIFE: —
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.
17. INFORMANT: ESSIE DOBBINS Address: 4150a ST. FERDINAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardio Vascular renal disease with Portal Hypertension — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 442x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1400 hrs. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jesse M. Luckey Jr. M.D.
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 9/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 9-17-58
23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEM
23d. LOCATION (City, town, or county) (State): St Louis Co. Mo

24. FUNERAL DIRECTOR: A.F. WALTON ADDRESS: 2707 Stoddard
25. DATE RECD. BY LOCAL REG.: SEP 26 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Wilelande Gordo

Licensed Embalmer No. 3469

P. O. Address 4575 Ald

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.