

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027416

FILED VS. JUL 21 1959 217

Primary Registration District No. 541

Registrar's No. 1876

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON	Length of stay in 1b	c. CITY OR TOWN Olivette	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) # 6 Forsythia Lane

3. NAME OF DECEASED (Type or print) First Ernest Middle Clarke Last Clarke			4. DATE OF DEATH Month July Day 4 Year 1959			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) England	12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Ambrose Clarke		13b. MOTHER'S MAIDEN NAME Elizabeth Potter		14. NAME OF HUSBAND OR WIFE Willis Clarke	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 494-36-3300	17. INFORMANT Address Mrs Ernest Clarke, Olivette 32, Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency due to acute coronary thrombosis DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) subject had taken an overdose of Seconal		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open Verdict	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject became ill while eating dinner, regurgitated and expired several hours later		
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20c. TIME OF INJURY Hour 1:15 p.m. Month, Day, Year 7/4/59				
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Olivette	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Maxwell J. Law</i> Coroner		22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 7/10/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7-8-1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St Louis County, Missouri	
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24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons, St Louis, Missouri		25. DATE RECD. BY LOCAL REG. 7-7-59	26. REGISTRAR'S SIGNATURE <i>John C. Murphy, MD</i>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence H. Mur

Licensed Embalmer No. 4011

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.