

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **7501**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>	Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Saint Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home-2617 1/2 Cole Street</b>		d. STREET ADDRESS (If outside, give location) <b>2617 1/2 R. Cole Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle Last <b>Clark</b>			4. DATE OF DEATH Month <b>7</b> - Day <b>26</b> - Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/29/37</b>	9. AGE (last birthday) <b>3</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Charles Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Steve</b>		14. NAME OF HUSBAND OR WIFE <b>Single (Baby)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Catherine Clark-2617 1/2 Cole Street</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Suffocation (anoxia) suffered when found in closed refrigerator in yard in rear of 2617 Cole St. about 9:10 P.M. July 26, 1960**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **Accident**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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.)  
**9250-18**  
**See above**

20c. TIME OF INJURY  
Hour **9:10** p.m. Month, Day, Year **7-26-60**

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.)  
**1/ home yard**

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**St. Louis Mo.**

21. I attended the deceased from **9:30 P.** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**Paul J. Simon Deputy Coroner**

22b. ADDRESS  
**1300 Clark**

22c. DATE SIGNED  
**7/28/60**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**8 / 1 / 1960**

23c. NAME OF CEMETERY OR CREMATORY  
**Father Dixon Cemetery**

23d. LOCATION (City, town, or county) (State)  
**St. Louis Co., Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**Gus Lowe - 2930 Dickson Street**

25. DATE RECD. BY LOCAL REG.  
**JUL 28 1960**

26. REGISTRAR'S SIGNATURE  
**Earl Smith, M.D.**

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy R. Farnish

Licensed Embalmer No. 4523

P. O. Address 4251 W

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.

JUL 68 10 11