

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046177

FILED JAN 5 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12080 STATE FILE NUMBER

AMENDED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | Length of stay in 1b <u>8-hrs.</u> | c. CITY OR TOWN <u>Normandy</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>7626 Nat'l. Bridge Rd.</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>Clarke</u> Last <u>Clarke</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>24th</u> Year <u>1961</u> | | |
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| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/2/1882</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u> | 11. BIRTHPLACE (City and state or country) <u>U.S.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>John B. Clarke</u> | 13b. MOTHER'S MAIDEN NAME <u>Esther Kidd</u> | 14. NAME OF HUSBAND OR WIFE <u> </u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT <u>Mr. Harry Richards, 32 Ponca Trail, Kirkwood</u> | Address <u> </u> |
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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) <u>ARTERIOSCLEROTIC HT. DISEASE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| DUE TO (b) <u>ATHEROSCLEROSIS</u> | | |
| DUE TO (c) <u>420.0</u> | | |

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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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | Month <u> </u> Day <u> </u> Year <u> </u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u> </u> | COUNTY <u> </u> | STATE <u> </u> |
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21. I attended the deceased from Oct. 1955 to PRESENT and last saw her alive on DEC. 23, 1961
Death occurred at 3 am. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 21a. SIGNATURE <u>John J. Riley MD</u> | (Degree or title) | 22b. ADDRESS <u>6807 W. Florissant</u> | 22c. DATE SIGNED <u>12/26/61</u> |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/27/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Arthur J. Donnelly</u> | ADDRESS <u>3810 Lindell Blvd.</u> | 25. DATE RECD. BY LOCAL REG. <u>DEC 28 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

17
11/10/1917

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 Frances Williamson

Licensed Embalmer No. 3565
P. O. Address 3840 Lind

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.