

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003603

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED **JAN 19 1962** 318 Primary Registration District No. **1003** Registrar's No. **601**

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <i>Nil</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis,</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		Length of stay in 1b <i>7 hour</i>	c. CITY OR TOWN <i>Webster Groves,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaconess Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1331 S. Rock Hill Road</i>	
3. NAME OF DECEASED (Type or print) First <i>Andrew</i> Middle <i>Malcolm</i> Last <i>Clark Sr.</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>13</i> Year <i>1962</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>3-22-196</i>	9. AGE (last birthday) <i>65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Filling Station Oper.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gasoline</i>		11. BIRTHPLACE (City and state or country) <i>Bell Tennessee</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Andrew Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Lelia Bush</i>		14. NAME OF HUSBAND OR WIFE <i>Gertrude Edens Clark</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>[Redacted]</i>	17. INFORMANT <i>Gertrude Edens Clark</i> Address <i>212 1/2 1331 S. Rock Hill Rd</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Infarction</i> DUE TO (b) <i>Arteriosclerotic CVS disease</i> DUE TO (c) <i>4201</i> 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 type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i> <i>6 years</i>
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.)			
20c. TIME OF INJURY Hour <i>[Blank]</i> a.m. <i>[Blank]</i> p.m. Month, Day, Year			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		COUNTY	STATE
21. I attended the deceased from <i>March 43</i> to <i>1/13/62</i> and last saw him alive on <i>1/13/62</i> Death occurred at <i>12:35 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Earl Brand MD</i> (Dr. or title)			22b. ADDRESS <i>Webster Groves Mo</i>		22c. DATE SIGNED <i>1/13/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-15-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kirkwood,</i>	(State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>Mittelberg</i> ADDRESS <i>Webster Groves, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 15 1962</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OFFICIAL SEAL

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 Edmond Penick

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.