

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4574
Do not use this space.791
1003

1267

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lealie Clark

(a) Residence, No. St. NR Summer Ill. RR #4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1900

7. AGE YEARS 38 MONTHS 2 DAYS 11 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Sumner
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Elmus Clark
14. BIRTHPLACE (CITY OR TOWN) Sumner
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Ida Kensler
16. BIRTHPLACE (CITY OR TOWN) Lawrenceville
(STATE OR COUNTRY) Illinois

17. INFORMANT Ray Elder
(ADDRESS) Bayport Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Ill DATE Feb. 12, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED FEB 8 1939 J. P. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 - 20 - 1939, to 2 - 8 - 1939.
I last saw him alive on 2 - 8 - 1939. Death is said to have occurred on the date stated above, at 1:27 m.
The principal cause of death and related causes of importance were as follows:

Mediastinal Emphysema
Mediastinal tumor (malignant)
Date of onset: Jan 15, 1938
Sept 1938

Other contributory causes of importance: H1

Name of operation None Date of.....
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Thomas M. Bunker, M. D.
(Address) BARNES HOSPITAL

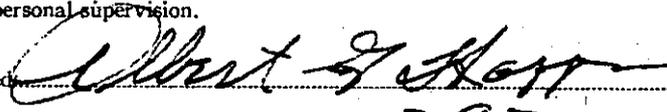
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. 2971

P. O. Address.....

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 this body is not embalmed, above space should be left blank.