FILED APR 12 1939

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

791
1003

Do not use this space. 9172

2937

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. .....

(b) Township or City St. Louis Mo. 2 Primary Registration District No. ..... Registered No. .....

(c) (d) Street No. St. Anthony 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 462 Edgar B. Clark 75 Rodsart Rd.

(a) Residence, No. Kenilworth Ill. St. NR
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th, 1882.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	9	21	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everton Mo. 0

FATHER

13. NAME Edgar Clark 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

MOTHER

15. MAIDEN NAME Annaliza Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochport Mo.

17. INFORMANT (ADDRESS) Mrs. Jennie C. Schaffer. Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Mo. DATE 3/30/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hoppe Inc. 4700 Washington M vo

20. FILED MAR 28 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1939, to Mar 28, 1939

I last saw him alive on Mar 28, 1939. Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Streptococcic Hemolyticus	Mar 22-39
36	
Other contributory causes of importance: Nephritis acute toxic caused by Strep. Infection	Mar 22-39

Name of operation none Date of .....

What test confirmed diagnosis? Lab. Tests 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) Robert G. Warner, M. D.

(Address) 1115 Paul Brown Bldg. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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