

USE GRADING BLACK INK—MAKE A PERMANENT RECORD

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.

FEB 17 1940

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. 225

1. PLACE OF DEATH: 1008

(a) County \_\_\_\_\_

(b) City or town St. Louis 2  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3523 Clark Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Eldridge Clark 462

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife If \_\_\_\_\_  
alive \_\_\_\_\_ years  
(Month) (Day) (Year)

7. Birth date of deceased 2 28 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12	10	8	hr. min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business \_\_\_\_\_

12. Name Eldridge Clark

13. Birthplace Tenn. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Lumpkins

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Clark

(b) Address 3523 Clark Ave.

17. (a) Burial (b) Date thereof Jany. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.  
Russell Undt. Co.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2732 Pine Street

19. (a) JAN 9 1940 (b) J. F. Baylark  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")

(d) Street No. 3523 Clark Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1940 hour 9.45 P. M.

21. I hereby certify that I attended the deceased from Dec 15 '39  
to Jan 5 '40, 1940  
that I last saw him alive on Jan 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death - Rheumatic fever (acute)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Rheumatic fever pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Tobacco

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. D. Young (M. D. or other) \_\_\_\_\_

Address 2316 Mark St Date signed 1-8-40

**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 Joel Russell

Licensed Embalmer No. 4112

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.**