

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Homer G. Phillips Hos.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo 19 days  
(Specify whether years, months or days)  
In this community 26 years

3. (a) PRENT FULL NAME Howard Clark 462

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race col. 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 5, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 10 14 hr. min.

9. Birthplace N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

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

MOTHER FATHER { 12. Name Dann Clark

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

14. Maiden name Francis White

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

16. (a) Informant Rev. George Pruitt

(b) Address 2714n. Taylor

17. (a) Burial (b) Date thereof 7/25/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Wash St.

19. (a) JUL 25 1940 (b) J. F. Bredbeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits write "RURAL") 2-1  
(d) Street No. 2612 Pine  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1940 hour 3:25 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1940 to July 19, 1940;  
that I last saw h im alive on July 19, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Strangulated Inguinal Hernia 18 hours  
Hypertensive Heart Disease of Ascites 1 year

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

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 E. A. McAdams (Date of death)

Address 2601 N. Whittier Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically:

**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. *L. Boykin*

.....  
working under my personal supervision.

Signed

*L. Boykin*  
.....  
Licensed Embalmer No. *2946*

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