

ED MAR 25 1947 917

1003

State File No. \_\_\_\_\_

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

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

Registrar's No. 1179

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 wks.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,  
(c) City or town Clayton. NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. #6472 San Bonita Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 4th,  
year 1941. hour 2 minute a M.

21. I hereby certify that I attended the deceased from  
1 - 2 1941 to 2 - 4 1941;  
that I last saw him alive on 2 - 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration \_\_\_\_\_

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

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

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

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

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

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 D

23. Signature Ed. Tversky M.D. (M. D. or other) \_\_\_\_\_  
Address 1200 S. Big Bend Date signed 2/4/41

3. (a) PRINT FULL NAME JOHN LUCIEN CLARKE.

8. (b) If veteran, name war none. 8. (c) Social Security No. none.

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

6. (b) Name of husband or wife Lois C. Clarke. 6. (c) Age of husband or wife if alive 71. years

7. Birth date of deceased August 22, 1863.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77. 5. 13. \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Burnside, Kentucky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Banker..

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

12. Name John Clarke.

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

14. Maiden name Marietta Clark.

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

16. (a) Informant Katherine Clark.

(b) Address 6472 San Bonita,

17. (a) burial. (b) Date thereof 2/6/1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmer Bly'd.

19. (a) FEB 4 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

**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 Bradford A. Miles

Licensed Embalmer No. 2901

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.**