

MAY 13 1941

## STANDARD CERTIFICATE OF DEATH

State File No.

12699

3129

Registration District No.

791

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County St. Louis, Missouri  
 (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:  
St. Louis City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Mo.  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Luther Clark3. (b) If veteran,  
name war.3. (c) Social Security  
No. None4. Sex Male 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Divorced6. (b) Name of husband or wife  
Mary Clark6. (c) Age of husband or wife if  
alive 56 years7. Birth date of deceased July  
(Month) (Day) (Year)  
4th, 18798. AGE: Years Months Days If less than one day  
61 9 3  
.....hr. ....min9. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name Richard Clark13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Hal Black(b) Address 3521-A McKean Ave.17. (a) Burial (b) Date thereof April 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Eugenheim Bros.(b) Address 2823 Cherokee Street.19. (a) APR 10 1941 (b) J. H. Karduch  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County 00023  
 (c) City or town Saint Louis.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 914 Lami Street.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7.  
year 1941 hour 3:30 minute P. M.21. I hereby certify that I attended the deceased from March  
7. 19 41 to April 7. 19 41;  
that I last saw him im alive on April 7. 19 41;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Subacute Pericarditis

Duration

Due to

Due to

Other conditions Chronic bronchitis  
(Include pregnancy within 6 months of death)Major findings:  
Of operationsOf autopsy above + Dissected ulcer (operated) with localized peritonitis (old)

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 A. Rogers M.D.  
Address 1515 Lafayette Ave. Date signed 4/7/41

PHYSICIAN

Underline  
the cause to  
which death  
attributable  
charged sta-

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 *Juddie A. Ziegenhein*  
Licensed Embalmer No. *2270*

P. O. Address *2623 Cherokee*

**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, fact should be so stated above.**