No. 2
-1-4-41
5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33657

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8615

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 5 days
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Rollie Clark
3. (b) If veteran, name war No.
3. (c) Social Security No. 491-12-7381
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Helen Clark
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct. (Month) 1 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
35	0	28	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Merl Clark
13. Birthplace (City, town, or county) N. York (State or foreign country)
MOTHER 14. Maiden name Josephine Bales
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Helen Clark
(b) Address Richland, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Richland, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) OCT 29 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 41 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from October 24, 1941, to October 29, 1941 that I last saw him alive on October 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nitrogen retention	
Due to Glomerulo nephritis	
Not chronic	
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations 10 7
Of autopsy As above 10 7a

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

23. Signature F R Bradley (M. D. ~~coroner~~)
Address BARNES HOSPITAL Date signed 10-29-41

(Licensed Embalmer's Statement on Reverse Side)

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.....Melford G. Burnley

Licensed Embalmer No.....4202

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.