

14480  
 V. S. No. 2  
 50M-9-4-41  
 Rev. 5-17-39  
 I X29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

4197  
 State File No. 1412  
 Registrar's No.

FILED MAR 17 1942 791

1003

Registration District No. Primary Registration District No.

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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Days  
(Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 26 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 823 Madison St. 5  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Albert Silas Clark  
 (b) If veteran, name war No. (c) Social Security No. None.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 14, year 1942 hour 6:15 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Ida Clark 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased April 16 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 5, 1942, to February 14, 1942 that I last saw him alive on February 14, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>26</u>	hr. min.

Immediate cause of death Carcinoma of esophagus  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death) None  
 Major findings: Of operations.....  
 Of autopsy as above

9. Birthplace Missouri (City, town, or county) (State or foreign country) 11  
 10. Usual occupation Unemployed.

11. Industry or business.....  
 12. Name James Clark 9  
 13. Birthplace Unknown. (City, town, or county) (State or foreign country) 9  
 14. Maiden name Mary Anderson.  
 15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Albert Clark  
 (b) Address 823 Madison St.  
 17. (a) Burial (b) Date thereof 2-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Johns Cem.  
 18. (a) Signature of funeral director Hy. Leidner Und. Co.  
 (b) Address 2223 St. Louis Ave.  
 19. (a) FEB 15 1942 (b) J. L. Bredeck  
(Date received local registrar) (Registrar's signature)

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) Means of injury 0  
 23. Signature Chas. K. Bruhl (M. D. or other) 0  
 Address 1515 Lafayette Avenue Date signed 2/14/42

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address. 2228 St. Louis av

**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.**