No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19069

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1203

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. May 7, 1942.
(Specify whether
In this community Since May 7, 1942.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois. (b) County 11
(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1507 South 15th Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 2
If yes, name country -

3. (a) PRINT FULL NAME Russell CLARK

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 338-16-4653

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Lila

6. (c) Age of ~~husband or~~ wife if alive 52 years

7. Birth date of deceased May 2, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	0	28	hr. min.

9. Birthplace Charleston, Missouri D
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Whit Clark
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adeline Lee
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff.Bks., Mo.

17. (a) ~~(Burial, cremation, or removal)~~ (b) Date thereof June 3 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Wood Ill

18. (a) Signature of funeral director William Campbell
(b) Address Mt Vernon Ill

19. (a) MAY 31 1942 (b) E. G. McGarron Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th,
year 1942 hour 3:25 minute a. M.

21. I hereby certify that I attended the deceased from
May 7, 1942 to May 30, 1942
that I last saw him alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF THE STOMACH.	Unknown
Due to -	
Due to - 46b	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No 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) no
(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? D
(Specify type of place)
While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.F., (M. D. or other)
Address Chief Medical Officer. Date signed 5/30/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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