

S. No. 2
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22681

State File No.

FILED JUL 28 1942

Registrar's No. 5909

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(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 8 days
In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1217
(d) Street No. 20 Westmoreland Place.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles McLure Clark

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenore Scullin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. unknown 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Architect & Broker Retired

11. Industry or business

12. Name Charles Clark
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sue McLure
15. Birthplace Parkersburg W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Deu man Clark
(b) Address 15 Hortense Place.

17. (a) Cremation (b) Date thereof 7/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory Wagomer Und. Co.
18. (a) Signature of funeral director J. F. Pradley
(b) Address 113 1/2 Olive St.

19. (a) JUL 13 1942 (b) J. F. Pradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 12 minute 17 a. M.

21. I hereby certify that I attended the deceased from July 2, 1942 19 to July 11, 1942 19
that I last saw him alive on July 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 6 days
Pneumonia 2 days
Coma (cause)

Due to Post operative (transurethral resection)
Due to Hypostatic and aspirational pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy of prostate
Of autopsy Generalized peritonitis; pneumonia

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

23. Signature J. F. Pradley (M. D.)
Address Barnes Hospital Date signed 7/11

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
AUG 3 1942

JUL 30 1942

AUG 8 1942

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, *Neville R. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address, *3621 Olive St.*

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.