

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

25752

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No. 1008

Registrar's No. 6891

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:  
St. Anthonys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4650 Steffens Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Geoffrey Owen Clark

3. (b) If veteran, name war..... 3. (c) Social Security No. 490-01-8401

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Clark 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Jan. 23 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>22</u>	hr. min.

9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation Asst., Manager

11. Industry or business Victor Linen & Towel Co.

MOTHER FATHER

12. Name Owen T. Clark

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Lily Gillard

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Clark  
(b) Address 4650 Steffens Ave.

17. (a) Burial (b) Date thereof 8-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun-Set Burial Park

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) AUG 17 1942 J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1942 hour 3 minute 35 P/M.

21. I hereby certify that I attended the deceased from Aug 6 1942 to Aug 15 1942  
that I last saw him alive on Aug 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction - due partially to paralytic ileus + also to mechanical causes pro-  
Due to caused by fibrous adhesions

Due to acute gangrenous appendicitis associated with peritonitis  
Other conditions (including pregnancy within 3 months of death)

Major findings: Of operations Aug 6<sup>th</sup> Gangrenous appendicitis - peritonitis Aug 15<sup>th</sup> Intestinal obstruction  
Of autopsy both mechanical + paralytic - ileus was performed

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bredbeck (M. D. or other)  
Address 3804 Wilmington Ave. Date signed 8/17/42

Duration  
Since Aug 13, 1942

Since Aug 5, 1942

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

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

00  
17  
9

847

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1944

AT 1100000 NO. 1224  
380<sup>5</sup> Wilmington Ave. before 9 30  
2 - 4300

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..... *Albert R. Thompson Jr.*.....  
Licensed Embalmer No. *4237*.....  
P. O. Address.....

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.