

FILED NOV 11 1942  
318

State File No. ....  
Registrar's No. 9121

Registration District No. 318 Primary Registration District No. 1003

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 9 Days  
(Specify whether  
In this community .....  
years, months or days)

3. (a) PRINT FULL NAME George Roy Clark  
3. (b) If veteran, name war NO 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 MAYME B. CLARK 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased JULY 6 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 3 24 hr. min.

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

10. Usual occupation NIGHT WATCHMAN

11. Industry or business W.P.A.  
12. Name GEORGE CLARK  
13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY HOW  
15. Birthplace ENGLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme B. Clark  
(b) Address 4039 Delmar Blv.

17. (a) CREMATION (b) Date thereof NOV 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY  
18. (a) Signature of funeral director E. J. Schum  
(b) Address 3125 Lafayette Dr

19. (a) NOV 2 1942 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 000 17  
(c) City or town ST. LOUIS 9 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4039 DELMAR BLV.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30,  
year 1942 hour 7:40 minute P. M.  
21. I hereby certify that I attended the deceased from September 21, 1942 to October 30, 1942;  
that I last saw him alive on October 30, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Salmonella Septicemia

Due to Septicemia  
Due to Septicemia  
Other conditions Septic Infection of Lungs  
(Include pregnancy within 3 months of death)

Major findings: Septic Infection of Lungs, Kidney  
Of autopsy of Lungs

Duration  
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?.....  
(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 William J. Park (M.D. or other)  
Address 1515 Lafayette Ave. Date signed 10/31/42

**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.....

*Joseph B. Hollman*

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette*

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

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 312

Primary Registration District No. 1003

Registrar's No. 9121

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: \_\_\_\_\_  
(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 \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4039 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Roy Clark  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 89-12-0214

20. DATE OF DEATH, Month October day 30th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_  
7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

Major findings: Of operations \_\_\_\_\_

12. Name

Of autopsy \_\_\_\_\_

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

14. Maiden name

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

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

16. (a) Informant

(b) Address

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-2-48 (b) J. D. 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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

SUPPLEMENTARY

31818