

FILED MAY 27 1943

318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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:  
Homer G. Phillips Hospital D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 1 day  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Frank Clark

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Onelia Clark

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 6, 1886  
(Month) (Day) (Year)

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

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Elijah Clark

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

14. Maiden name Unknown

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

16. (a) Informant Shirley M. Smith  
2601 N. Whittier

(b) Address \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 5-15-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAY 14 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2741a Chouteau  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9,  
year 1943 hour 9 minute 00 P. M.  
March

21. I hereby certify that I attended the deceased from 8, 1943 to May 9, 1943  
that I last saw him alive on May 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningovascular Les.

Duration Unk.

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

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

Other conditions 30  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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. Brudeck (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier Date signed 5/24/43

**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.

*Embalmer's cert. filed separately*

Signed.....

Licensed Embalmer No.....

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.**