

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29812

State File No. 8439

FILED OCT 2 - 1943 318
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution..... 10 days
In this community..... Life

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 3231 Lawton
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Eugene 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..... Ida May Clark 6. (c) Age of husband or wife if alive..... 41 years

7. Birth date of deceased..... Feb. 13 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 7 8 hr. min.

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

10. Usual occupation..... Nil

11. Industry or business.....

12. Name..... Crittenden E. Clark
13. Birthplace..... Cincinnati, Ohio
14. Maiden name..... Charlotte Samuels
15. Birthplace..... St. Louis Missouri

16. (a) Informant..... Crittenden C. Clark
(b) Address..... 2814 Lawton
17. (a) Burial (b) Date thereof..... Sept. 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Jefferson Barracks Cem.
18. (a) Signature of funeral director..... Russell Untd. Co.
(b) Address..... 2732 Pine Street

19. (a) SEP 23 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... September Day..... 21 1943
year..... hour..... minute..... 15 P. M.

21. I hereby certify that I attended the deceased from September 11, 1943 to September 21, 1943
that I last saw him alive on September 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Congestion (autopsy)
Cardiac Hypertrophy (autopsy)
Nephrosclerosis (autopsy)
Due to.....

Duration
Terminal
Unk.
Unk.

Due to.....
Other conditions.....
(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?.....
(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. Bredeck (M. D. or other)
Address..... 260 W. ... Date signed..... 9/23/43

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

MOTHER FATHER

OCT 4 1948

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.....

Joel Russell

Licensed Embalmer No.....

H 112

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.