

S. No. 2  
M-2-43  
5-17-39  
I X39567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36234  
Registrar's No. 10117

Registration District No. 313

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(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. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME STELLA ELIZABETH CLARK

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Walter J. Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 30 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 11 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

MOTHER { 12. Name James P. Millan  
FATHER { 13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Maunts  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter J. Clark

(b) Address 1247 Waldron Ave., U. City

17. (a) burial (b) Date thereof 11-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) NOV 18 1943 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1247 Waldron Avenue 096  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 5  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th  
year 1943 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Nov 17 43 19\_\_\_\_  
that I last saw him alive on 11/17/43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (Pt-Temporal)  
Due to Non-malignant  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 56

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

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 C. H. Nelson (M. D. or other) \_\_\_\_\_  
Address H. Bredeck Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

H. NEILSON  
Humboldt Bldg. - 539 N. Grand.  
JE-0251  
Hrs. 1 to 4 P.M.

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**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 Clarence A. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, Mo.

**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.**