

FILED FEB 18 1944

318

Registration District No. _____

1009

Registrar's No. 1208

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Walnut Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De. Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution TWO WEEKS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Martin J. Clarke

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 19 If less than one day hr. _____ min.

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

10. Usual occupation Priest

11. Industry or business _____

MOTHER FATHER { 12. Name John Clarke
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hanley
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant John Clarke
(b) Address 5102 Aubert Ave

17. (a) Burial (b) Date thereof Feb. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mark Timson
(b) Address 6100 W. Fellowship Ave
19. (a) FEB 7 1944 (b) J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Walnut Park
(If outside city or town limits, write "RURAL")
(d) Street No. 6350 Garesche Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/2/1944
year 1944 hour 7: minute 45 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to Feb 2 1944;
that I last saw him alive on Feb 2 1944, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation - 2 yrs
Pulmonary Oedema 1 mo. Coronary
Sclerosis Angina Potius months.
Due to Chr: Myo Carditis - 4 yrs.
Due to Chr: Pul. Asthma - 4 yrs.
Gen. Oedema - 6 mos.

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

Major findings: none
Of operations _____
Of autopsy no

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? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)
_____ (Specify nature of injury)

23. Signature Dr. J. Bredebeck (M.D. or other)
Address 3718 Jennings Rd. Date signed _____
Pine Lawn, Mo.

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

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 Mark Tiernon

Licensed Embalmer No. 4174

P. O. Address 6100 W. Floris

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, above space should be left blank.