S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22891

Registration District No. FILED JUL 21 1944 8

Primary Registration District No. 1003

Registrar's No. 6282

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:
Residence: 5743 Cabanne Ave.
(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: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis, 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5743 Cabanne Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EDWARD A. CLARK.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Anna Louise Clark.

6. (c) Age of husband or wife if alive 70. years

7. Birth date of deceased November 18, 1871.
(Month) (Day) (Year)

8. AGE: Years 72 ~~73.~~ Months 7. Days 26. If less than one day hr. min.

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

10. Usual occupation Railway Postal Clerk.

11. Industry or business

FATHER
12. Name Edward Clark.
13. Birthplace Rolla, (City, town, or county) Missouri. (State or foreign country) 0

MOTHER
14. Maiden name Mary Gibson.
15. Birthplace Steeleville, (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mrs Anna Louise Clark.
(b) Address 5743 Cabanne Avenue.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/17/44. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) JUL 15 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 14th, year 1944. hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 1st, 1944 to July 14, 1944 that I last saw him alive on July 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	3 wk.
Due to Nephritis (Chronic)	24 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (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 [signature] (M. D. or other)

Address 3532 Washington Date signed 7/14/44

(Licensed Embalmer's Statement on Reverse Side)

Dr George W. Tremaine.
3532 Washington Ave.,
Hrs: 12 - 2.
FR: 8740.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City-M

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.