

FILED NOV 22 1944
318

State File No. _____
Registrar's No. 9681

Registration District No. _____ Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
In this community 32 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1928a Cass Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Clark

3. (b) If veteran, name war none 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 Katie Clark 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 30, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 13 hr. _____ min.

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

10. Usual occupation porter

11. Industry or business

12. Name Unknown
13. Birthplace unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Patsy Anthey
15. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Clark

(b) Address 1928 A. Cass Avenue

17. (a) Burial (b) Date thereof Nov. 16, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (c) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12,
year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 5, 1944 to November 12, 1944;
that I last saw h. im alive on November 12, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Subsrachnoid Hemorrhage n 1 week

Due to _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Walter M. Durr (M. Durr other) _____
Address 260 W. Whittier Date signed 11/13/44

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.