V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17970

Registration District No. 317 Primary Registration District No. 2070 Registrar's No. 1067

16849

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 910 N. Elm Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 24 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ~~St. Clair~~ 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 910 N. Elm St. 4
(If rural, give location) 0

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Dave Clark

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Dora Clark

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 4, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Dora Clark
(b) Address 910 N. Elm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) 5-17-46 (Date received local registrar) (b) E S McSavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Hypertensive cardiovascular disease.

Due to ____ 93d

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

Major findings:
Of operations ____

Of autopsy No autopsy

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? ____ (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 E S McSavran M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 5/10/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1946

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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed W. C. Greene

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.