S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21213

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 105

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 Lindenwood Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Lindenwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. 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 Cornelia Darnell
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March (Month) 9 (Day) 1864 (Year)
8. AGE: Years 82 Months 3 Days 2 If less than one day hr. min.
9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name Lymann Clark
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant William Clark
(b) Address St Charles Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Charles Mo
18. (a) Signature of funeral director [illegible]
(b) Address St Charles Mo
19. (a) July 4-46 (Date received by local registrar) (b) Hamie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 29 1946 to June 12 1946 that I last saw him alive on June 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis - myocardial infarct
Due to: Hypertension -
Due to: Generalized arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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 Vincent A. Schneider (M. D. or other)
Address St Charles Mo Date signed 6/11/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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.....

Licensed Embalmer No. 3185

P. O. Address.....

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.