No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39664

Registrar's No. 10571

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 5911 Mc Pherson Ave., (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARK B. FRENCH.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jean Bolser French.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19 (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mfg. Agent; Retired.
11. Industry or business
FATHER
12. Name Enoch E. French.
13. Birthplace New England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Bishop.
15. Birthplace New England (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. P. L. Talbot.
(b) Address 5911 McPherson Ave.,
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1947 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 12-3-45, 19 to 11-14, 1947 that I last saw him alive on 11-14-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	4 days
Due to: Carcinoma of Colon	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertensive Heart Disease	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN

Underline the cause of 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 (M. D. or other) MD
Address 3700 Washington Date signed 11-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
JE 3477

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.