

FILED APR 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(c) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **28**
(c) City or town **Steelville** Mo. **2**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **H.R.** (If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EDWARD LOUIS LARK**
3. (b) If veteran, name war **No.** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Live** 6. (c) Age of husband or wife if **Live** years
7. Birth date of deceased **July 28 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	24	..hr. ..min.

9. Birthplace **Steelville** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation

11. Industry or business **John Lark**

12. Name **John Lark**
13. Birthplace **Austria Hungary** (City, town, or county) (State or foreign country)

14. Maiden name **Rosa Salzer**
15. Birthplace **Austria Hungary** (City, town, or county) (State or foreign country)

16. (a) Informant **L.J. Jonas**
(b) Address **Steelville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-19-48** (Month) (Day) (Year)
(c) Place: burial or cremation **Steelville MO**

18. (a) Signature of funeral director **Alexander & Sons**
(b) Address **6175 Delmar**

19. (a) **APR 19 1948** (Date received for registration) (b) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th** year **1948** hour **4** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **April 1, 1948 to April 17, 1948**; that I last saw him alive on **April 16, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 weeks**
Due to **Hypertension** **2 years**

Due to **94**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **PH** Of autopsy **PH**
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 **F**
23. Signature **J. F. Brueck** (M. D. or other) **XXXX**
Address **508 N. Grand Blvd.** Date signed **4/17/48**

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

MOTHER, FATHER

OCT 10 1919

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Helman

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.

No. 2B
3-45
1 X 43889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14342

State File No. *May*

Registration District No. *318*

Primary Registration District No. *1003*

Registrar's No. *1368*

1. PLACE OF DEATH:

(a) County *St. Louis*
(b) City or town *St. Louis*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME *Edward L. Lark*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *single*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years *63* Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* Year *1948* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

MAY 15 1948
J. F. [Signature]
JUN 10 1948

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

0337
0337
0337