

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27590

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7121

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... ST. LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution..... ALEXIAN BROS. HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 2 WEEKS
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME EDWARD W. CLARK

3. (b) If veteran,

3. (c) Social Security No.

name war.....

4. Sex..... MALE
 5. Color or race..... WHITE
 6. (a) Single, widowed, married, divorced..... Wid.
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased..... AUGUST 19, 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 62 11 23 hr. min.

9. Birthplace..... ST. LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation..... DAY LABORER

11. Industry or business..... EDWARD CLARK

12. Name..... MO

13. Birthplace.....
 (City, town, or county) (State or foreign country)

14. Maiden name..... LENA STRITTMAYER

15. Birthplace..... UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant..... AUDREY BUCHANAN

(b) Address..... 2920 CHIPPEWA

17. (a) BURIAL (b) Date thereof..... AUG. 13 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... MISSOURI CREMATORY

18. (a) Signature of funeral director..... Thomas J. Sullivan

(b) Address..... 2906 GRAYOIS ST. LOUIS MO
 AUG 13 194819. (a) (b) J. F. Beedick
 (Date received local registrar) (Registrar's signature)

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. 2920 CHIPPEWA
 24 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 12
 year 1948 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 7-29, 1948, to 8/12, 1948
 that I last saw him alive on 8/12, 1948
 and that death occurred on the date and hour stated above.
 Duration 2 wks

Immediate cause of death..... Acute Diffuse Pneumonia
 109

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy..... Acute Pneumonia
 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?.....

While at work?..... (Specify type of place)

23. Signature..... S. A. Foster (M.D. or other)

Address..... 5600 Hampton Date signed 8/13/48

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.....

Leo J. Burde
.....
..... Licensed Embalmer No. *3989*

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.