No. 300
10.48

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3442
0 134

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3463 Registrar's No. _____

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1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glencoe 96
d. STREET ADDRESS (If rural, give location): 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle):
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 20, 1886
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Clark
13b. MOTHER'S MAIDEN NAME: Lavina O'Neal
14. NAME OF HUSBAND OR WIFE: Tina Scheiva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: St. Louis County Hospital, Clayton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hematoma — INTERVAL BETWEEN ONSET AND DEATH: 4 mths

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fall on Head
DUE TO (c)

186-a
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-23-49
19b. MAJOR FINDINGS OF OPERATION: Subdural hematoma
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Glencoe St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 weeks before adm. to hosp. m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* Jan. 15, 1949, *to* Jan. 24, 1949, *that I last saw the deceased alive on* Jan. 24, 1949, *and that death occurred at* 10:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert Ishie, MD
23b. ADDRESS: 601 Brentwood, Clayton, Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/49
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cem
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 1-25-49
REGISTRAR'S SIGNATURE: Thomas L. Lunnage MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Baumann Bros 2504 Woodson Rd

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

....., Student Embalmer No. 3457,

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 11 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.