

FILED MAR 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9898
2433
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 3 REGISTERED AT PHILLIPS HOSPITAL

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY No. 17	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homert G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4362 St. Ferdinand Ave	
3. NAME OF DECEASED (Type or Print) Bernice Clark			4. DATE OF DEATH (Month) (Day) (Year) March 14 1949
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/31/1908
9. AGE (In years last birthday) 40		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles H. Bates		13b. MOTHER'S MAIDEN NAME Pearl Lythe	
14. NAME OF HUSBAND OR WIFE Millard Clark		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Thomas 4458 Cote Brilliant	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Manic Depressive Reaction			INTERVAL BETWEEN ONSET AND DEATH Undet.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Uremia			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral hydrosalpinx			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION a nonmalignant tumor	
20. AUTOPSY? <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-26, 1949, to 3-14, 1949 that I last saw the deceased alive on 3-14, 1949, and that death occurred at 3:30 pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. J. ... M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 3-16-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/49	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave.	

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.

.....
working under my personal supervision.

Signed.....

Fulton E. Culkin

Signed.....

Student Embalmer

Licensed Embalmer No. *498*

P. O. Address *Albany 13*

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.