

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20879

State File No. 5497

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 5800-Arsenal				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 0		c. LENGTH OF STAY (in this place) ly 6m 4d		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 4230 East Page Blvd. 7			
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) S.		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) 6/22/49
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH - 2/28/1904	9. AGE (in years last birthday) 45		IF UNDER 1 YEAR Months 3 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John F. Clark		13b. MOTHER'S MAIDEN NAME Julia Williams		14. NAME OF HUSBAND OR WIFE Evelyn Clark			
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. Lost		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Manigault, 4230 E. Page			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Paresis-- GPI ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1946 plus
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <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) 30			
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? 026 X			
22. I hereby certify that I attended the deceased from Dec. 18, 1947, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 4:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Palmer Truman Bowditch M.D. 0				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 6-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/27/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 27 1949		REGISTRAR'S SIGNATURE J. B. Facator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue			

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____
Licensed Embalmer No. ~~4259~~ 1875

P. O. Address 4107 Finney Avenue

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.