

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27930

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6956**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 13 yrs		d. STREET ADDRESS (If rural, give location) 1037a N. Vandeventer Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Margaret	b. (Middle)	c. (Last) Clark	(Month) (Day) (Year) 8/6/49
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1911
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) New Orleans, Louisiana
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lewis Scott	13b. MOTHER'S MAIDEN NAME Hattie Burns	14. NAME OF HUSBAND OR WIFE Edward 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 Edward Clark, 1037a N. Vandeventer

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

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) 102
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? 331A

22. I hereby certify that I attended the deceased from **8-4**, 19**49**, to **8-7**, 19**49**, that I last saw the deceased alive on **8-7**, 19**49**, and that death occurred at **7 a** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas. J. Gates</i> M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 8-9-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/12/49	24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 10 1949	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. J. Gates</i>	ADDRESS Chas. J. Gates, 4107 Finney Avenue
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(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. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John K Cunningham

Licensed Embalmer No. 4476

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.