

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11379

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IBERIA Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IBERIA</u>	
c. LENGTH OF STAY (If in this place) <u>8 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>561</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>Faye</u> c. (Last) <u>CLARK.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 15 50</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, (1) WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>Aug. 11, 1947</u>		9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINOR</u>	
11. BIRTHPLACE (State or foreign country) <u>Kaiser, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>BERT CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Murry</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dert Clark, Iberia, Mo.</u> ADDRESS _____	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor, inferior pole, RT Cerebellar Hemisphere</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Dependent Congestion of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>237X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>237X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 14 March, 1950, to 15 March, 1950, that I last saw the deceased alive on 14 March, 1950, and that death occurred at 1:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fredrick A. Jones</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>St. Mary's Hosp., St. Louis, Mo.</u>		23c. DATE SIGNED <u>15 Mar. 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iberia.</u>	
24d. LOCATION (City, town, or county) <u>Iberia, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-16-50</u>		REGISTRAR'S SIGNATURE <u>Berbert A. Donhe, MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William S. Lyster

Licensed Embalmer No. 4699

P. O. Address A. Charles, 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.