

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14421

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3628</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>4 Yr. 5 Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		<b>2759</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>75 - 519 Market St</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>		b. (Middle) _____		c. (Last) <b>Clark</b>	
4. DATE OF DEATH		(Month) <b>4</b>		(Day) <b>16</b>		(Year) <b>50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>5/18/1871</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>nil</b>		11. BIRTHPLACE (State or foreign country) <b>Billaire, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James Clark</b>			13b. MOTHER'S MAIDEN NAME <b>Martha ?</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Infirmary Records - 5800 Arsenal</b>			
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) <b>Septicemia 2 Days</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <b>(1) Prob-ryeilitis.</b>					
		DUE TO (c) <b>(2) Generalized Arteriosclerosis,</b>					
		DUE TO (c) <b>(3) Senile psychosis, simple Deteriosation</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HSTO</b>			
22. I hereby certify that I attended the deceased from <b>Nov 11, 1945</b> , to <b>April 16, 1950</b> , that I last saw the deceased alive on <b>April 16, 1950</b> , and that death occurred at <b>7:50 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Valmer Pusue Rowland M.W.O.</b>				23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>4-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>APR 20 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>APR 20 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland</b>		ADDRESS <b>4104 Manchester</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.