

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21433

State File No. 4957

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis.

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisd. STREET ADDRESS (If rural, give location) 1819 N. Elliott Ave.

3. NAME OF DECEASED (Type or Print)

a. (First)

Alice Clark

b. (Middle)

c. (Last)

Clark e

4. DATE OF DEATH

(Month) (Day) (Year)
June 4 1950

5. SEX

Female

6. COLOR OR RACE

Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 15th 1871

9. AGE (In years last birthday)

79

10. UNDER 1 YEAR

2

11. UNDER 1 YEAR

19

12. UNDER 1 YEAR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Hopkinsville Ky

12. CITIZEN OF WHAT COUNTRY?

U.S. A.

13a. FATHER'S NAME

Moses Clark

13b. MOTHER'S MAIDEN NAME

Mary Trice

14. NAME OF HUSBAND OR WIFE

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.

no

17. INFORMANT'S SIGNATURE OR NAME

Robert Clarke 3059 Madison Street

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

CerebralCerebral Vascular episode

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Organic Heart disease

DUE TO (c)

Generalized arteriosclerosis.

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to June 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 6.00A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Palmer Romaine Bowditch M D

23b. ADDRESS

5800 Avenal

23c. DATE SIGNED

6-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

6-8-1950

24c. NAME OF CEMETERY OR CREMATORY

Washington Park

24d. LOCATION (City, town, or county)

St. Louis County, Missouri

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE

J. H. Randle & Son 3133 Bell Ave

ADDRESS

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.