

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28083  
7523  
Registrar's No.

BIRTH NO. #114410 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri  
c. LENGTH OF STAY (In this place) 4 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189  
d. STREET ADDRESS (If rural, give location) Progress Hotel

3. NAME OF DECEASED  
a. (First) ARTELLS b. (Middle) CLARKE c. (Last)  
4. DATE OF DEATH August 30th, 1950 (Month) (Day) (Year)

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m  
8. DATE OF BIRTH 6-18-1898 9. AGE (In years last birthday) 52 10. UNDER 1 YEAR Months 2 11. IF UNDER 24 HRS. Hours 12. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber 10b. KIND OF BUSINESS OR INDUSTRY (Specify) Unemployed 11. BIRTHPLACE (State or foreign country) Hot Springs, Ark. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Chris Clarke 13b. MOTHER'S MAIDEN NAME Mary Phagley 14. NAME OF HUSBAND OR WIFE Wilma

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Clarke Farmington, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Tuberculosis - Lungs  
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.

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) (Minute) 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 8/26/50, 19 to 8/30/50, 19, that I last saw the deceased alive on 8/30/50, 19, and that death occurred at 6:45 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold H. Lurie, M.D. 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 8/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 9-5-50 24c. NAME OF CEMETERY OR CREMATORY Mount Hope 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. SEP 5 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2801 Lafayette Av

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 Embalmer No.....

Signed.....

*L. P. Cooper*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.