

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **8085**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. 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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri	
		d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ida	b. (Middle)	c. (Last) Lark.	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Feb. 6, 1877	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James Scott	13b. MOTHER'S MAIDEN NAME Harriett Robinson	14. NAME OF HUSBAND OR WIFE Wm. T. Lark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis with		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES cerebral Cardiac and		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Liver Components 1947 Plus.		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? H/H 2X
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22. I hereby certify that I attended the deceased from **Sept. 18, 1950**, to **Sept. 23, 1950**, that I last saw the deceased alive on **Sept. 23, 1950** and that death occurred at **1:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Maurice Bowditch M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 9-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE SEP 25 1950	24c. NAME OF CEMETERY OR CREMATORY City Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. SEP 25 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE City Infirmary	ADDRESS 5800 Arsenal
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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.....

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.