

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34667

State File No. 8794

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis mo | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 2737 1/2 LACLEDE AVE. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2737 1/2 Laclede Ave | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) WORTHY | b. (Middle) | c. (Last) CLARK- | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 13-1950 |
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|------------------------|-------------------------------|---|---------------------------------------|---|--|--------------------------------------|
| 5. SEX 3 FEMALE | 6. COLOR OR RACE negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH Nov. 28, 1889 | 9. AGE (In years last birthday) 60 | 10. UNDER 1 YEAR Months 10 Days 15 | 11. UNDER 1 MRS. Hours 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (State or foreign country) Memphis Tenn | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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| 13a. FATHER'S NAME Monroe Bladsoe | 13b. MOTHER'S MAIDEN NAME Susie Hern | 14. NAME OF HUSBAND OR WIFE Clarence Clark |
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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 ANNIE COLEMAN ADDRESS 2737 1/2 LACLEDE AVE |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis | | 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Hypertension | | 1 yr |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 443X |
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22. I hereby certify that I attended the deceased from **10/10/50** to **10/13/50**, that I last saw the deceased alive on **10/13, 1950**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

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| 23. SIGNATURE Dr. J. B. Finney (Degree or title) | 23b. ADDRESS 3146 1/2 Laclede | 23c. DATE SIGNED 10/14/50 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-18-50 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis - mo |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 17 1950 J. B. Finney | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACKINS BROS 3644 FINNEY AVE |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address

3644 Finney Ave

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.