

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38362

State File No. 9642  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>31 YRS</u>	2. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		<u>2219</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIP</u>			d. STREET ADDRESS (If rural, give location) <u>2201 N. W. H. ST. 2945 R. Sheridan</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) <u>MAE</u>	c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11, 1950</u>
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEBO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 15, 1919</u>		9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>38</u> <u>11</u> <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>HELENA ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ARTHUR CROSS</u>		13b. MOTHER'S MAIDEN NAME <u>MELINDA RUSH</u>		14. NAME OF HUSBAND OR WIFE <u>LEROY CLARK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leroy Clark 2945 R. Sheridan</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pulmonary Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>NO TX</u>		
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:22 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Regt. [Signature]</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>NOV 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moses Foster 2812 Cass St.</u>	

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

2098

*[Handwritten signature]*

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

*Leroy H. Bannister*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Epston 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.