

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43703**
Registrar's No. **10977**

FILED JAN 20 1951

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood	
c. LENGTH OF STAY (in this place)		4554	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 3017 Coleman	
3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) L. c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3, 1880
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Voucher Clerk	11. BIRTHPLACE (State or foreign country) Wingham, Canada
10b. KIND OF BUSINESS OR INDUSTRY Railroad		12. CITIZEN OF WHAT COUNTRY? 2	
13a. FATHER'S NAME Henry Clark		13b. MOTHER'S MAIDEN NAME Jane Ingles	
14. NAME OF HUSBAND OR WIFE Daisy		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy B. Clark, 3017 Coleman	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma, generalized		INTERVAL BETWEEN ONSET AND DEATH 8 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		2 weeks	
ANTECEDENT CAUSES		2 weeks	
DUE TO (b) Severe secondary anemia			
DUE TO (c) Hypoproteinemia			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 10/21/50		19b. MAJOR FINDINGS OF OPERATION Biopsy of lymph node; lymphosarcoma.	
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?		1981	
22. I hereby certify that I attended the deceased from 10/16/50 , 19 50 , to 12/22 , 19 50 , that I last saw the deceased alive on 12/22 , 19 50 , and that death occurred at 12:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 3720 Washington Blvd., St. Louis	
23c. DATE SIGNED 12/23/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-50	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		24d. LOCATION (City, town, or county) (State) 7801 Genestra	
DATE REC'D BY LOCAL REG. DEC 23 1950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred M. Williams, 4535 Washington	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address Chico, Ga.

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.