No. 300
10.48

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

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2419

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST.LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST.LOUIS 2129
d. STREET ADDRESS (If rural, give location) 44 KINGSBURY PLACE

3. NAME OF DECEASED (Type or Print)
a. (First) MARIA
b. (Middle) MASON
c. (Last) CLARKE.

4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 7, 1889
9. AGE (In years last birthday) 61 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unk
13b. MOTHER'S MAIDEN NAME unk
14. NAME OF HUSBAND OR WIFE James W.Clarke.D.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME James W. Clarke.D. D., **ADDRESS** St.Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary thrombosis — 2 mos
DUE TO (c) coronary & gen arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. thrombosis main mesenteric artery — 3 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 6 - 2, 1950, *to* 1 - 3, 1951, *that I last saw the deceased alive on* 1 - 3, 1951, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Julius Jensen (Degree or title) U
23b. ADDRESS 3740 Washington Ave St Louis
23c. DATE SIGNED 1/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-6-1951
24c. NAME OF CEMETERY OR CREMATORY Bellefountaine Cemetery
24d. LOCATION (City, town, or county) St.Louis, Mo. (State)

DATE REC'D BY LOCAL REG. JAN 4 1951
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE C.R.Lupton & Sons; **ADDRESS** 7233 Delmar Blvd;

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo

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.