

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25705
State File No.

FILED JUL 16 1951
XC-1 190 482 I 6 1951
Reg. # 91345

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2469

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4000</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>JEFF BRKS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2079</u>	
c. LENGTH OF STAY (in this place) <u>148 days</u>		d. STREET ADDRESS (If rural, give location) <u>5940 SALOMA AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSPITAL</u>		7	

3. NAME OF DECEASED a. (First) <u>CLEMENT</u> (Type or Print)			b. (Middle) <u>H.</u>			c. (Last) <u>CLARKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 51</u>						
5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>2</u>		8. DATE OF BIRTH <u>11-23-95</u>			9. AGE (In years last birthday) <u>55</u>		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) <u>Molder</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>				11. BIRTHPLACE (State or foreign country) <u>E. St. Louis, Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Joseph E. Clarke</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Haide</u>			14. NAME OF HUSBAND OR WIFE _____					
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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) <u>Yes</u> <u>VWT</u>		16. SOCIAL SECURITY NO. <u>194-03-8162</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS MO.</u>							
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOGENIC CARCINOMA</u>										INTERVAL BETWEEN ONSET AND DEATH <u>22 months</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		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 <u>162x</u>								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) (Minute) <u>11:45 P.M.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
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22. I hereby certify that I attended the deceased from 1-22, 19 51, to 6-19, 19 51, ~~XXXXXX~~ and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stowell</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS, MO.</u>			23c. DATE SIGNED <u>6-20-51</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>			
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DATE REC'D BY LOCAL REG. <u>6-21-51</u>		REGISTRAR'S SIGNATURE <u>Robert G. Lomke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MATH HERMANN SON, St. Louis, Mo.</u>				
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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 Homer W. Fritz

Licensed Embalmer No. 38820

P. O. Address St. Louis

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.