

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28127
State File No. 7853
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. MO. 100

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 2. STREET ADDRESS (If rural, give location) 6 713 N. 22 Street	

3. NAME OF DECEASED (Type or Print) a. (First) Alberta b. (Middle) c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) 9 1 '51		
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown 9	8. DATE OF BIRTH Jan. 21, 1911		9. AGE (in years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miss.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles Clark	13b. MOTHER'S MAIDEN NAME Hattie Johnson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mary Taylor	ADDRESS 713 N. 22th street
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 8-13-51 ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease DUE TO (c) Undet. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H43X

22. I hereby certify that I attended the deceased from 8-13-51, 19, to 9-1-51, 19, that I last saw the deceased alive on 9-1-51, 19, and that death occurred at 1:05 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 9-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Ship. 5	24b. DATE Sept. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Aberdeen, Miss.	24d. LOCATION (City, town, or county) (State) Aberdeen, Miss.
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DATE REC'D BY LOCAL REG. SEP 4 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son Funeral Home 2631 Cole
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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

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alden

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.