

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38829

FILED DEC 15 1951

State File No. 10917
Registrar's No. 10917

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10917		Registrar's No. 10917					
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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2209							
d. FULL NAME OF HOSPITAL OR INSTITUTION 2509 A Bremen				d. STREET ADDRESS (If rural, give location) 2509 A Bremen									
3. NAME OF DECEASED (Type or Print) a. (First) BEN			b. (Middle) E.			c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) 12-10-1951				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-11-1903		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDITIONING MAN				10b. KIND OF BUSINESS OR INDUSTRY ROBERTOID Co		11. BIRTHPLACE (State or foreign country) GREENVILLE Mo				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME JAMES CLARK				13b. MOTHER'S MAIDEN NAME CAROLINE TIDWELL				14. NAME OF HUSBAND OR WIFE HASSIE MARIE CLARK					
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. 498-01-8562		17. INFORMANT'S SIGNATURE OR NAME Hassie M. Clark ADDRESS 2509 S Bremen							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis								INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES											
		Morbid 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 _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H20									
22. I hereby certify that I attended the deceased from Nov. 8, 1948 , to Dec. 10, 1951 , that I last saw the deceased alive on Nov. 10, 1951 , and that death occurred at 4:30 am. , from the causes and on the date stated above.													
23a. SIGNATURE Henry C. Westerman, M.D. (Degree or title)				23b. ADDRESS 2136 East Grand Ave				23c. DATE SIGNED 12-10-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-51		24c. NAME OF CEMETERY OR CREMATORY Friedens		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.					
DATE REC'D BY LOCAL REG. DEC 10 1951		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE A. Knowlton Co ADDRESS 2707 N. Grand							

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Donnie Williamson

Signed.....

Student Embalmer

Licensed Embalmer No. 3565

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.