

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38835
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10658

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR <u>St. Louis, Missouri</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2179</u>	
c. LENGTH OF STAY (In this place) <u>6-days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>3675a Folsom Ave.</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle)	c. (Last) <u>CLARK</u>
4. DATE OF DEATH	(Month) <u>NOV.</u>	(Day) <u>29.</u>	(Year) <u>1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>June 10, 1878</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mayfield, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Unknown Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Catherine Clark</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-30-5536</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Melvin L. Weaver, 3675a Folsom Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Nephrosclerosis</u> DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypoplasia of left kidney</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Ht 2 X</u>

22. I hereby certify that I attended the deceased from 11-23-51, 1951, to 11-29-51, 1951, that I last saw the deceased alive on 11-29-51, 1951, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles J. Hoffmann, M.D.</u> (Degree or title)	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>11-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Nov. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Paragould, Arkansas</u>		

DATE REC'D BY LOCAL REG. <u>NOV 30 1951</u>	REGISTRAR'S SIGNATURE <u>Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd.</u>
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WRITE PLAINLY—USING UNEADING 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.....

W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.