

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9816

State File No.

2213

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5038 Leona				d. STREET ADDRESS (If rural, give location) 15 5038 Leona				0	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Emil		c. (Last) Clark		4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1952			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 6, 1887		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Web Pressman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Clark			13b. MOTHER'S MAIDEN NAME Margaret Fischer			14. NAME OF HUSBAND OR WIFE Anna 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 # 492-09-0963		17. INFORMANT'S SIGNATURE OR NAME Anna Clark				ADDRESS 5038 Leona	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4501					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:35 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Charles E. Taylor (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-8-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/52	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cem.		24d. LOCATION (City, town, or county) (State) St Louis Mo				
DATE REC'D BY LOCAL REG. MAR 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE L. Ziegenhein & Sons		ADDRESS 7027 Gravois			

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 *Neville B. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address. *7027 Gravois.*

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.