

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22965**  
Registrar's No. **1620**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546**

100X  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St/ Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>	
c. LENGTH OF STAY (In this place) <b>1 YR</b>		d. STREET ADDRESS (If rural, give location) <b>2323 Brown Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2323 Brown Road</b>			

3. NAME OF DECEASED a. (First) <b>Eddie</b> (Type or Print) <b>Eddie</b> b. (Middle) <b>C.</b> c. (Last) <b>Clark</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Dec. 27, 1875</b>			9. AGE (In years last birthday) <b>76</b>		10. MONTHS <b>5</b>
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. HOURS <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	

13a. FATHER'S NAME <b>George Turner Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie E. Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Eunice Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Clark</b>	
				ADDRESS <b>2323 Brown Road</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (Chronic)</b>			INTERVAL BETWEEN ONSET AND 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 <b>4-2-2</b>		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?	
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22. I hereby certify that I attended the deceased from **Feb 1, 1952**, to **June 15, 1952**, that I last saw the deceased alive on **June 13, 1952**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Sterling MD</b>		23b. ADDRESS <b>2050 North 4th St, St Louis 14 Mo</b>		23c. DATE SIGNED <b>6-16-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 18, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	

DATE REC'D BY LOCAL REG. <b>6-17-52</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Funeral Home</b>	
				ADDRESS <b>9222 Lackland</b>	

**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

*Al C Ostmann*

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

**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.