

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40070

State File No. _____

S. No. 300
v. 10.48

FILED DEC 2 1952

10513

| | | | | | | | |
|--|--|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>2069</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 4717 Newcomb</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) _____ c. (Last) <u>Clark</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 1952</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct 14, 1894</u> | | 9. AGE (In years last birthday) <u>58</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Miss</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Miner Clopton</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erwin Clark 4717 Newcomb</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> | |
| | | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Cerebral Vascular Disease</u> | | | | Undetermined | |
| | | DUE TO (c) <u>Undetermined</u> | | | | | |
| | | 11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Diabetes mellitus and Ulcer of Right Heel</u> | | | | | |
| 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? <u>332X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>10-29</u> , 19 <u>52</u> , to <u>11-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>52</u> and that death occurred at <u>3:35 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Carl Collins</u> | | | | (Degree or title) <u>M. D.</u> | | 23b. ADDRESS <u>2601 N Whittier St.</u> | |
| 23c. DATE SIGNED <u>11-14-52</u> | | 24a. BURIAL BY CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>Nov 17.52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Augusta Ark</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Augusta Ark</u> | | DATE REC'D BY LOCAL REG. <u>NOV 15 1952</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros Funeral Home 3706 Finney Ave</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
5

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

Edward A. Flynn

Licensed Embalmer No.

4444

P. O. Address

St. Louis

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.