

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2946
0161

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 Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4940 Magnolia Avenue, 10				d. STREET ADDRESS (If rural, give location) 4940 Magnolia Avenue, 10.					
3. NAME OF DECEASED (Type or Print) Howard R. Clark				4. DATE OF DEATH January 5th, 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 28th, 1880			
9. AGE (In years last birthday) 72		10. MONTHS Days		11. BIRTHPLACE (City and State or Foreign Country) Gillespie, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Mack Clark				13b. MOTHER'S MAIDEN NAME Pauline Sunderland		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. Mack Clark, 4940 Magnolia Avenue, 10			
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. I. 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) <i>Captured Heart</i> 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 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. HOW DID INJURY OCCUR? 4222			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9:55 p.m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Patrick C. Taylor, M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/8/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE <i>John Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

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.