

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40288
10685

State File No.

Registrar's No.

FILED NOV 24 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
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 OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3145 CAROLINE AV. #18</u>				e. STREET ADDRESS (If rural, give location) <u>3145 CAROLINE ST.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>A.</u>			c. (Last) <u>CLARK.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 8 - 53</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>M.</u>		8. DATE OF BIRTH <u>SEP. 8, 1907</u>		9. AGE (In years) <u>46 YRS.</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi CLEAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAMSEY CORP</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>THOMAS B CLARK</u>				13b. MOTHER'S MAIDEN NAME <u>JULIA KUITHE</u>				14. NAME OF HUSBAND OR WIFE <u>MYRTLE CARMAN CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>490-22-1745</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Clark</u> ADDRESS <u>3145 Caroline</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis heart disease with arricular fibrillation</u>							2 yrs.		
		DUE TO (c) <u>none</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>											
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>none</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>11-8</u> , 19 <u>53</u> , and that death occurred at <u>2:45 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Edward P. Rich M.D.</u>				23b. ADDRESS <u>462 N. Taylor St. Louis Mo</u>				23c. DATE SIGNED <u>11-8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW.</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo</u>				
DATE REC'D BY LOCAL REG. <u>NOV 10 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Schner 3125 Lafayette</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Jack B. Vallmer

Licensed Embalmer No. *2014*

P. O. Address *St Louis 41*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.