

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

13292

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3518**

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) **St. Louis Mo** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION **2316 1/2 Montgomery St.** e. STREET ADDRESS (If rural, give location) **2316 1/2 Montgomery St.** **2209**

3. NAME OF DECEASED (Type or Print) a. (First) **Herbert** b. (Middle) **James** c. (Last) **Clark** 4. DATE OF DEATH (Month) (Day) (Year) **11 18 1954**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **1893** 9. AGE (In years last birthday) **60** 6 **28** IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Street Cleaner** 10b. KIND OF BUSINESS OR INDUSTRY **City** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis** 12. COUNTRY OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Clark** 13b. MOTHER'S MAIDEN NAME **Mary Josephine Hume** 14. NAME OF HUSBAND OR WIFE **Louise E. Clark**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 16. SOCIAL SECURITY NO. **1st. W. W. 499-01-4950** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Louise E. Clark** ADDRESS **2316 1/2 MONTGOMERY**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **1/2 hour**  
ANTECEDENT CAUSES DUE TO (b) **arteriosclerosis** ?  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS: **Chronic Bronchitis** ?  
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  NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Feb**, 1950, to **April 18, 1954**, that I last saw the deceased alive on **April 17, 1954**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles G. M. Eden, M.D.** 23b. ADDRESS **3121 N. Grand** 23c. DATE SIGNED **4/19/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/21/54** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **APR 19 1954** REGISTRAR'S SIGNATURE **Robert D. Kinealy** 25. FUNERAL DIRECTOR'S SIGNATURE **Robert D. Kinealy** ADDRESS **2228 St. Louis Ave.**

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1954

Pa 6-6611

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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 *Etton R. Remelius*

Licensed Embalmer No. 428

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