

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26765

STATE FILE NUMBER

 Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1742

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Country Hospital DOA		Length of stay in 1b DOA		39 STREET ADDRESS 6575 Seanlon (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Harry Middle Last Clark			4. DATE OF DEATH Month July Day 10 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 4, 1912	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rate Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clerkical		9. AGE (In years last birthday) 44 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
11. BIRTHPLACE (City and state or country) Salt Lake City, Utah			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Harry Clark			14. MOTHER'S MAIDEN NAME Ethel M. Jutson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs. E.M. Allen, Morro Bay, California	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 27 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 16, 1956 to July 10, 1957 and last saw him alive on June 29, 1957 Death occurred at about noon m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James R. January Jr. M.D.			22b. ADDRESS 35 N Central Clayton 5th		22c. DATE SIGNED 7-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-10-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Versailles, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. 7/11/57		26. REGISTRAR'S SIGNATURE Herbert A. Donlempf	

(Licensed Embalmer's Statement on Reverse Side)

 USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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 health, Welfare
 Public
 Service

No. _____ Date _____
 Name of Deceased _____
 Address _____
 City _____ State _____
 Date of Death _____
 Cause of Death _____
 Place of Death _____
 Name of Physician _____
 Name of Coroner _____
 Name of Undertaker _____
 Name of Embalmer _____
 Name of Student Embalmer _____
 Name of Witness _____
 Name of Witness _____

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 *John J. Haines*
 Licensed Embalmer No. *416*
 P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.