

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010801  
State File No. ....

FILED MAR 17 1959

Registrar's **2 2274**

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's <b>2 2274</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis, Mo.</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>St. Louis.</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give location) <b>St. Louis, Mo.</b>   |  | c. LENGTH OF STAY (In this place)  |  | c. CITY OR TOWN <b>St. Louis.</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Hor-p = 1</b>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>709 N. 6<sup>th</sup> St</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JEARY</b>   |  | b. (Middle)  |  | c. (Last) <b>Clark</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2 3 59</b>  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   |  | 8. DATE OF BIRTH  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Minnesota</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Clark</b>   |  | 13b. MOTHER'S MARDEN NAME<br><b>Clark</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Clark</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service)<br><b>None</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>J. C. Taylor 1300 Clark</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>1. Dehydration</b><br><br>DUE TO (c) <b>2. Pulmonary Congestion</b> |  |   |  | MEDICAL CERTIFICATION<br><br>INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>773.0</b><br><b>H. M. A.</b>  |  |   |  | 20. AUTOPSY?<br>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?  |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.        |  |  |  |   |  |   |  |
| 23a. SIGNATURE<br><b>Jeary M. Taylor</b>   |  |  |  | 23b. ADDRESS<br><b>1300 Clark</b>   |  | 23c. DATE SIGNED<br><b>2/12/59</b>  |  |
| 24a. BURIAL OR CREMATION-REMOVAL (Specify)   |  | 24b. DATE<br><b>3-31-59</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 5 '59</b>   |  | REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>   |  | 25. FULLY LICENSED EMERALD SERVICE ADDRESS<br><b>4104 Manchester Ave. St. Louis 10, Mo.</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

17  
26  
593

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.