

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016211
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch, Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Length of stay in lb HRS.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST LOUIS
c. CITY OR TOWN Kinloch 4091 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 920 Scudder Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mary Middle Last Clark
4. DATE OF DEATH Month 4 Day 15 Year 1959
5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH May 14, 1871 9. AGE (In years last birthday) 88 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (City and state or country) Pickenville, Alabama 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Taylor 13b. MOTHER'S MAIDEN NAME Henrietta Taylor 14. NAME OF HUSBAND OR WIFE Oliver Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Henrietta Hunt Address 920 Scudder

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial and Arteriolar nephrosclerosis - marked
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Cystitis
INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 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 4-15-1959 to 4-15-1959 and last saw ^{her}_{him} alive on 4-15-1959
Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Bannor, Jr. M.D. 22b. ADDRESS 601 S. Brentwood, Clayton 22c. DATE SIGNED 4-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/20/59 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or country) (State) Berkley, Missouri

24. FUNERAL DIRECTOR E. B. Roone ADDRESS 1221 N. Grand 25. DATE RECD. BY LOCAL REG. 4-18-59 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Phyllis C. ...

Licensed Embalmer No. 4755

P. O. Address 1221 N. ...

**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.**