

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022769  
STATE FILE NUMBER

FILED JUL 2 1959 Registration District No. Primary Registration District No. Registrar 5944

13  
300  
1-57  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Frisco Employers</i>		Length of stay in lb <i>30 Min.</i>	d. STREET ADDRESS (If outside, give location) <i>3523 Clark</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Eldridge</i> Middle Last <i>Clark</i>			4. DATE OF DEATH Month <i>June</i> Day <i>21</i> Year <i>1959</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 1st, 1896</i>	9. AGE (In years last birthday) <i>62 yr</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Brownville, Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
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13a. FATHER'S NAME <i>Henry Clark</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Wardell</i>	14. NAME OF HUSBAND OR WIFE <i>Mattie Lumpkin Clark</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>702-07-6414</i>	17. INFORMANT <i>Wife</i> Address <i>Same-3523 Clark</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>one hour</i> <i>3 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>March 59</i> to <i>June 59</i> and last saw her alive on <i>June 21, 1959</i> Death occurred at <i>11:55 P</i> in on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Nephele Miller M.D.</i>	22b. ADDRESS <i>4960 Lae lede</i>	22c. DATE SIGNED <i>6-21-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>6-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FATHER DICKSON Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Pappington Rd. Cty. Mo.</i>
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24. FUNERAL DIRECTOR <i>English Und. Co.</i>	ADDRESS <i>1123 N Taylor</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 23 59</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *1123 N. Jay*

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.