

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7454 FILED 3489 APR 4 1960

60-012448
2 3401 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		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 915 N GRAND ST LOUIS, MO.		Length of stay in 1b 22 DAYS	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 VETS. ADMIN. HOSPT,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4275a W. EASTON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT L. CLARK			4. DATE OF DEATH Month Day Year MARCH 23 1960			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/28/07	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOULDER	10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY	11. BIRTHPLACE (City and state or country) BROWNVILLE, TENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME FRANK CLARK	13b. MOTHER'S MAIDEN NAME ELIZABETH BATCHELOR	14. NAME OF HUSBAND OR WIFE THELMA CLARK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 455-20-5250	17. INFORMANT THELMA CLARK Address 4275A W. EASTON ST. LOUIS, MO.
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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) RETICULUM CELL SARCOMA WITH METASTASES		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ 200.0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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 ST. LOUIS, MO.	COUNTY ST. LOUIS	STATE MO.
21. Attended the deceased from 3/1/60 to 3/23/60 and last saw him her alive on 3/23/60 Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W.B. Gedney (Degree or title) W. B. GEDNEY, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3/29/60	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO
24. FUNERAL DIRECTOR CHARLES J. GATES	ADDRESS 107 FINNEY	25. DATE RECD. BY LOCAL REG. MAR 25 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Rayton Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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