

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 11848

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 14 1960

318

1003

11848

-60-043443
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Jennings Mo.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>5621 Apricot</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>CURTIS LYNN CLARK</i>			4. DATE OF DEATH Month Day Year <i>DEC. 8 1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10/29/1960</i>	9. AGE (last birthday) <i>6 wks</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Louis Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Iva Payne</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>***</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Louis Clark</i>	Address <i>5621 Apricot</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:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Atelectasis, congested, bilateral</i>		<i>41 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>Prematurity</i>	
	DUE TO (c)	<i>Multiple abnormalities</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>762.5</i>		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	
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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 s.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>Oct 28, 1960</i> to <i>8 Dec 1960</i> and last saw him alive on <i>Dec 8, 1960</i>	
Death occurred at <i>4:05 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	

22. SIGNATURE (Degree or title) <i>Bush A. M. Smith M.D.</i>	22b. ADDRESS <i>7309 Natural Bridge St.</i>	22c. DATE SIGNED <i>12/8/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/10/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	23d. LOCATION (City, town, or county) <i>St. Louis Mo.</i>
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24. FUNERAL DIRECTOR <i>JOHN STYGAR & SON</i>	ADDRESS <i>5541 RIVERVIEW BLVD.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 9 1960</i>	26. REGISTRAR'S SIGNATURE <i>Lois Smith M.D.</i>
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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 not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. M. Rester

Licensed Embalmer No. 3980

P. O. Address St. Louis

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.