

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5838** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUN 18 1962</b>	
1. PLACE OF DEATH a. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin De Loge Hosp</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
c. CITY OR TOWN <b>ST. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>4332 MARYLAND</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Milton A. Clark</b>	
4. DATE OF DEATH Month Day Year <b>6 11 62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-17-1908</b>
9. AGE (last birthday) <b>58</b>	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>6 24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>IND. PKG Co. Scaler</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>IND. PKG Co.</b>	
11. BIRTHPLACE (City and state or country) <b>ALTON ILL.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>CARNEST CLARK</b>	
13b. MOTHER'S MAIDEN NAME <b>Edith Jeffrey</b>	
14. NAME OF HUSBAND OR WIFE <b>Dorothy CLARK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Dorothy CLARK</b> Address <b>4332 MARYLAND</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Aneurysm</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardiac Hypertrophy; Hypertension</b> 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 INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>Congenital</b>	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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 COUNTY STATE	
21. I attended the deceased from <b>1951</b> to <b>6-11-62</b> and last saw him alive on <b>5-12-62</b> Death occurred at <b>1040 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Daniel J. Helton MD</b>	
22b. ADDRESS <b>634 N Grand Ave</b>	
22c. DATE SIGNED <b>6/12/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>6-12-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CUESGREEN Cem.</b>	
23d. LOCATION (City, town, or county) (State) <b>CHESTER ILL</b>	
24. FUNERAL DIRECTOR ADDRESS <b>C R Lupton &amp; Sons 7233 Delmar</b>	
25. DATE RECD. BY LOCAL REG. <b>JUN 12 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Moan Smith, M.O.</b>	

7707 Lincoln bldg  
Je 1-1750  
Grand Washington  
16307a /

**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 Clarence J. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.