MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048241
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12363

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b

c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 7040 Stanley
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Katherine Middle Alice Last ~~Clarke~~ Clark

4. DATE OF DEATH Month Dec. Day 23 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-22-1893

9. AGE (last birthday) 69

IF UNDER 1 YEAR Months 3 Days 1 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ************

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Patrick Lyons

13b. MOTHER'S MAIDEN NAME Mary Lyons

14. NAME OF HUSBAND OR WIFE Charles Cooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT Marian Clear Address 7040 Stanley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis

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) 331X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1/61 to 12/23/62 and last saw her alive on 12/23/62

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sidney Goldenberg (Degree or title) MD

22b. ADDRESS 4409 West Pine

22c. DATE SIGNED 12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR A.H. Bocklage ADDRESS 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG. DEC 24 1962

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3	Katherine Alice Clark	Katherine Alice Clarke	1/14/63

BY AFFIDAVIT OF Funeral Director DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1
2 204
3
4 1
5 1
6
7 0
8 2
9
10
11
12 64-0
13

64

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.