No. 2
-5-43
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4976
Registration District No. 818
Primary Registration District No. 1003
Registrar's No. 1961

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4217 Juniata
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4217 Juniata,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John J. Clark.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 2, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	10	24	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Patrick Clark.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace do (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Clark,
(b) Address 4217 Juniata,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa,
19. (a) FEB 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Jan 5, 1944 ~~Feb 26 1944~~ to Feb 26, 1944
that I last saw him alive on Feb 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis arterial sclerosis	
Due to	
Due to	
Other conditions senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. F. Plag (M. D. or other)
Address 3150 Morganford Rd Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed V. E. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.