

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26683
 Do not use this space.

REC'D AUG 17 1939

1. PLACE OF DEATH 3

(a) County St. Charles 1 Registration District No. 756
 (b) Township St. Louis - 10th Primary Registration District No. 5997
 or
 (c) City St. Charles (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Admiral B. Clark

(a) Residence, No. St. Charles County, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Buse

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE July 25 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harold Buse
St. Charles Mo

20. FILED July 28 1939 Rose Bernard
Local Registrar

Coroners MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest July 24th 1939, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Suicide.
Shotgun wound in head.

Date of onset _____

Other contributory causes of importance:
Deceased was dimented

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 7-22-39
 Where did injury occur? near Black Walnut St., Chas. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In house boat on Missouri River

Manner of injury Self inflicted wound of shot-gun
 Nature of injury Top of skull destroyed.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John Buse
 (Address) Coroner St. Charles Co. Mo.

Sub. (Licensed Embalmer's Statement on Reverse Side)

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 *Arthur C. Bree*.....

Licensed Embalmer No. *3154*

P. O. Address *St. Charles, 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 this body is not embalmed, above space should be left blank.