FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26987

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6883

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 3 (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 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1822 S. 7th. St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter W. Clavin 415

3. (b) If veteran, name war None

3. (c) Social Security No. 497-18-5597

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20, 1910 (Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 23 If less than one day hr. min.

9. Birthplace East St. Louis Ill (City, town, or county) (State or foreign country)

10. Usual occupation UPHOLSTERER

11. Industry or business

FATHER 12. Name John E. Clavin

13. Birthplace East St. Louis Ill (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Louise Emmerick

15. Birthplace East St. Louis, Ill (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Burke

(b) Address East St. Louis Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas. Burke

(b) Address East St. Louis Ill

19. (a) AUG 14 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 13 year 1940 hour 8:58 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot wound of Head, suffered when shot fired during the Robbery of Henry Frank Williams Police Officer per Coroner's Report 432 Sq 7 at 82 per the performance of his duties Police Duty

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operation

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Homicide (b) Date of occurrence 8/12/40 (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 (M. D. or other)

Address Deputy Coroner Date signed 8/14/40

(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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.