

No. 2  
4-13-40  
5-17-39  
PI X23159

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2399

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted Aug. 8, 1940  
(Specify whether)

In this community - years, months or days 3

3. (a) PRINT FULL NAME Granville Clark

3. (b) If veteran, name war World War

3. (c) Social Security No. 494-07-4829

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Nancy

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

7. Birth date of deceased August 10, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>6</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Greenville Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation WPA worker

11. Industry or business

MOTHER FATHER { 12. Name Sam Clark

13. Birthplace Refuge, Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Smith

15. Birthplace Vicksburg, Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Blue Salvager

(b) Address Actg. Cl. Clerk, VAF, Jeff Brks., Mo.

17. (a) Burial (b) Date thereof 12/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks Mo

18. (a) Signature of funeral director James H. Randle

(b) Address 3133 B. Ave

19. (a) DEC 19 1940 (b) R. Meyer M.D. P.M.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

Street No. 2118 Biddle Street.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th, year 1940 hour 7:20 minute - p.m.

21. I hereby certify that I attended the deceased from August 8, 1940 to December 16, 1940 that I last saw him alive on December 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver, (atrophic).

Duration Unknown

Due to -

Due to -

Other conditions None.  
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy No 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)

(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?

While at work - (Specify type of place) (Specify kind of injury)

23. Signature C.W. HUGHES, M.D., (M. D. or other) 1

Address Chief Medical Officer Date signed 12/17/40

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~~

~~working under my personal supervision.~~

Registered Apprentice No.

Signed

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chorstea*

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.