

2032

S. No. 2
A-9-4-41
v. 5-17-39
WI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19461

JUL 13 1942

State File No. _____
Registrar's No. 5634

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo. 10 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099

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

(d) Street No. 4629 Pope Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Clark

3. (b) If veteran, name war 3. (c) Social Security No. 498-03-2953

4. Sex M 5. Color or race W 6. (a) ~~Single~~ married, divorced 3

6. (b) Name of husband or wife Mada Bystor 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 4 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>24</u>		hr. min.

9. Birthplace Edwardsville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business leather inspector

12. Name Alanda Clark

13. Birthplace Bunker Hill
(City, town, or county) (State or foreign country)

14. Maiden name Simon Jones

15. Birthplace Bunker Hill, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Sunny a Quimm

(b) Address 4629 Pope Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42
(Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill Ill

18. (a) Signature of funeral director E. Carl White

(b) Address 4259 Dingle St

19. (a) JUL 1 1942 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28, year 1942 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from May 19 1942 to June 28 1942 that I last saw him alive on June 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to 12/1

Other conditions hypercholesterolemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

Duration _____
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) (e) Means of injury _____

23. Signature W. J. Brudick MD (M. D. or other) 6/29/42
Address 1515 Lafayette Ave. Date signed _____

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.

Signature

Ronald W. Schoen

Licensed Embalmer No.

3864

P. O. Address

St Louis 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, fact should be so stated above.