

FILED DEC 22 1943

318

Registration District No.

1003

Registrar's No.

11250

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Charles W. Clark

3. (b) If veteran, name war no 3. (c) Social Security No. 702-14-6120

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Clark 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug. 13, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Williamsville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Check Clerk

11. Industry or business Mo. Pac. R.R.

MOTHER FATHER
12. Name Leon Clark
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ray
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Clark
(b) Address 2536 California Av.

17. (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Will Bros. & Co.

(b) Address 928 1/2 S. Jefferson Av.

19. (a) DEC 13 1943 (b) J. B. Bunch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL") 927
(d) Street No. 2536 California Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1943 hour 10 minute 15a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arteriosclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Thomas F. Callahan (Physician)
Address Deputy Coroner Day signed 12-16-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.