

FILED FEB 27 1944

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **367**

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1 day, 4 hrs. 15 minutes  
(Specify whether  
 In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME William Clark

3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Male  
 5. Color or race Negro  
 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. October 14th 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>24</u>	hr. _____ min.

9. Birthplace Troy Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Buss Boy

11. Industry or business Busy Bee Candy Co.

MOTHER FATHER { 12. Name Alex Clark

13. Birthplace Troy Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Troy Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Ball

(b) Address 4350 1/2 Easton ave

17. (a) Burial (b) Date thereof. 1/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Lucas ave

19. (a) JAN 13 1944 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town. St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4350 1/2 Easton Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9,  
 year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 8,  
1944, to January 9, 1944  
 that I last saw him alive on January 9, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Massive Hemorrhage Duration Terminal

Due to Aortic Aneurysm with Rupture Unk.

Due to Syphilitic

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

Major findings:  
 Of operations..... PHYSICIAN

Of autopsy..... 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? 0 (Specify type of place) (b) Means of injury.....

23. Signature J. F. Bredack (M. D. or other) 0  
 Address 2601 Webster Date signed 1/13/44

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.

Signed.....

*Kurt E. Culkin*

Licensed Embalmer No.....

*4198*

P. O. Address.....

*Stennis 137*

**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.**