S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11090

FILED MAY 3 1945

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 3620

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Over 1 Hour (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town S Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 4811 Ravenwood N.R.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herbert Edward Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Marie

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb (Month) 17 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	6	hr. min.

9. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Railroad Switchman

11. Industry or business Terminal Railroad Assn

FATHER
12. Name Ed. Clark
13. Birthplace Boston (City, town, or county) Mass (State or foreign country)

MOTHER
14. Maiden name Ida Johnson
15. Birthplace Lawrenceburg (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Police, Hosp. Records & Rose Marie Clark
(b) Address St. Louis, Mo & 4811 Ravenwood, Pine Lawn Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 - 24 - 45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Cincinnatti, Ohio

18. (a) Signature of funeral director Franklin - Kron Fuel Home Inc
(b) Address 4911 Washington Blvd St. Louis, Mo

19. (a) APR 24 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 23
year 1945 hour 12 minute 45 A.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 Traumatic Amputation of both legs when he was struck and run over by a baggage car being pushed by a diesel engine manned by Ben West Engineer and Leroy J Maurer Fireman on track #16 at 17th & Clark Ave. in the Terminal R.R. Yards. Wound. 11:00 P.M. April 22 1945

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 169-8

Of autopsy 30

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) Accident

(b) Date of occurrence April 22 1945

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Work
(Specify type of place)

While at work? (e) Means of injury Co. bone

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep. Cor Date signed 4/24/45

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 4911 Washington Blvd - 8

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.