

No. 2  
-1/47  
5-17-39

33187

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 11 1947  
Registration District No. ....

Primary Registration District No. 3063

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **St. Louis,**

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

(c) Name of hospital or institution: **St. Louis County Hospital**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis, 96**

(c) City or town **Rural; Lemay, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Cliff Cave Road.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **WILLIAM T. CLARK.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Ann S. Clark.**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Sept. 4 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>---</b>	<b>29</b>	.....hr. ....min.

9. Birthplace **Knoxville, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business **Dance Instructor.**

12. Name **unk. Clark.**

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ann S. Clark.**

(b) Address **Lemay, Mo. R.R. 9**

17. (a) **Cremation** (b) Date thereof **10-7-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.,**

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**  
year **1947** hour ..... minute ..... 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 **self-inflicted gunshot wound of head**

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy **of head**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **October 3, 1947**

(c) Where did injury occur? **Lemay, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on grounds outside of his home**  
(Specify type of place) **Gunshot wound**

While at work?..... Means of injury **Gunshot**

23. Signature **Amel J. Willmann** (M. D. or other) **3**  
**Clayton, Mo.** Date signed **10/6/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**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

*Raymond L. Morris*

Licensed Embalmer No.

*4330*

P. O. Address

*Maplewood, 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.