S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6198
2346

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 24 ds. (Specify whether years, months or days)
In this community 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4818 Bircher
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM B. CLYNE
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 widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 15, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	21	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name William Clyne
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Miller
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Helma Singler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) MAR 8 1948 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 5.00 minute P M.
21. I hereby certify that I attended the deceased from Jan 12, 1948, to March 6, 1948; that I last saw him alive on March 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Thrombosis	3 ds.
Due to Generalized Arteriosclerosis	1/12/48x
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. N. Walker (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 3/7/48

Jefferson City Printing Co.

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Ralph P. Linders

Licensed Embalmer No. 4725

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.