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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 34004
8984
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4105 Flad Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

3: (a) PRINT FULL NAME Frank B. Clark
(b) If veteran, name war None
(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 Della C. Clark
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 28 1878

8. AGE: Years 70 Months 3 Days 18
If less than one day hr. min.

9. Birthplace Marshall Missouri

10. Usual occupation Retired Mo. Pacific R.R.

11. Industry or business 4th Section Agent

MOTHER FATHER
12. Name Charles G. Clark
13. Birthplace Salina Kansas
14. Maiden name Louisa Banks Trucks
15. Birthplace Clarksville Tenn.

16. (a) Informant Mrs Della Clark
(b) Address 4105 Flad Ave.

17. (a) Burial (b) Date thereof 10/18/48
(c) Place: burial or cremation La Monte, Missouri.

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 17 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4105 Flad Ave.
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16
year 1948 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from July 1, 1948 to Oct. 16, 1948.
that I last saw him alive on October 12, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive Heart Disease
Due to Usual
Other conditions None
Major findings: None
Of autopsy None
Duration 10 mos
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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature Leon C. Hale (M. D. or other) M.D.
Address 1504 So. Grand Blvd Date signed 10/16/48

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 *Richard W. Stovesand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.