

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24691  
Registrar's No. 6213

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) Township _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3915 N. Florissant Ave.</b>				d. <del>STREET</del> ADDRESS (If rural, give location) <b>3915 N. Florissant Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Charles</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Clark</b>	
4. DATE OF DEATH		(Month) <b>7.</b>		(Day) <b>15</b>		(Year) <b>49</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Apr. 11-1876</b>	
9. AGE (In years last birthday) <b>73.</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Lawyer</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ohio/</b>	
12. CITIZEN OF WHAT COUNTRY? _____				13a. FATHER'S NAME <b>John Clark</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Christine Morris-</b>				ADDRESS <b>3915 N. Florissant</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation due to hanging; at his home</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>July 15 1949, about 5:32 pm</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Suicide</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo/04</b>		21d. HOW DID INJURY OCCUR? <b>By hanging</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>July 15 49 5:32 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at <b>5:32 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Alfred J. Perry</b> (Degree or title) <b>Dep. Cor.</b>				23b. ADDRESS <b>51300. Clark</b>		23c. DATE SIGNED <b>JUL 17 1949</b>	
24a. BURIAL CREMATION/REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wolf Creek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eldorado Illinois</b>	
DATE REC'D BY LOCAL <b>JUL 17 1949</b>		REGISTRAR'S SIGNATURE <b>J.P. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hy. Leidner U.</b> ADDRESS <b>2223 St. Louis Ave.</b>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John P. Buchholz*

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis A.

**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.