

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43113

State File No. 04770 Registrar's No.

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>04770</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>17 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>10304 Driver Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First)		b. (Middle) <b>CLARK</b>		c. (Last)	
4. DATE OF DEATH <b>Dec. 23, 1949</b>		(Month)		(Day)		(Year)	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 10, 1889</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Refrigeration</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Refrigeration</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph F. Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Mary DeHater</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Clark</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>World War I</b>		16. SOCIAL SECURITY NO. <b>499 03 3501</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Clark</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive cardiovascular disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>331X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-22-1949</b> to <b>12-23-1949</b> , that I last saw the deceased alive on <b>12-23-1949</b> , and that death occurred at <b>4:30 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. R. Cole M.D.</b>				23b. ADDRESS <b>601 Bernwood, Clayton</b>		23c. DATE SIGNED <b>12/24/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Florissant Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-24-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombey M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Collins Funeral Home</b> ADDRESS <b>10123 S. Chen. Rd.</b>			

FEB 25 1950

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. St.

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.