

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34607

State File No. ....

FILED OCT 9 1953

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 2507

10004

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester	c. LENGTH OF STAY (In this place) 1-wk.	c. CITY OR TOWN Glendale 4650	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 912 Moreland	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) G.	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28 1953
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5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	8. DATE OF BIRTH Nov. 26, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman, Locomotive Stoker Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John O'Fallon Clark	13b. MOTHER'S MAIDEN NAME Beatrice Chouteau	14. NAME OF HUSBAND OR WIFE Mrs. Bessie Clark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 496-22-7510	17. INFORMANT'S SIGNATURE OR NAME Mr. Peyton C. Clark, 912 Moreland	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH  33ix
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) CHRONIC MYOCARDITIS		

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from SEPT. 1, 1953, to SEPT. 28, 1953, that I last saw the deceased alive on SEPT. 28, 1953, and that death occurred at 10:37A m., from the causes and on the date stated above.

23a. SIGNATURE B.P. Loving, M.D.	(Degree or title)	23b. ADDRESS Ballwin, Mo.	23c. DATE SIGNED 9-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Oct. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 9/30/53	REGISTRAR'S SIGNATURE Hebeard	25. FUNERAL DIRECTOR'S SIGNATURE Donnelly	ADDRESS 3810 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Corning

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 ~~me~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm J. Lagan.....

Licensed Embalmer No. 46

P. O. Address W. J. Lagan

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.