

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36164**
Registrar's No. **8885**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Foot of Iron Dr</i>		e. STREET ADDRESS (If rural, give location) <i>W 11th</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Will</i> b. (Middle) <i>R</i> c. (Last) <i>Clark</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8 24 1954</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>1894-1899</i>		9. AGE (In years last birthday) <i>55-60</i>		10. IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <i>W</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>W</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>W</i>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <i>W</i>		13b. MOTHER'S MAIDEN NAME <i>W</i>		14. NAME OF HUSBAND OR WIFE <i>W</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year of date of service) <i>W</i>		16. SOCIAL SECURITY NO. <i>W</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W</i> 1300 Clark	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asphyxiation due to Choking</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>They found in River at foot of Iron Dr</i> DUE TO (c) <i>ON the 24 Day of August 1954</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>abt. 1244 Cause - Poisoning</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>if Cause could not be determined Open Verdict</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		<i>E9298</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____. And that death occurred at _____, from the causes and on the date stated above. *42*

23a. SIGNATURE <i>James M Kelly</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>9/29/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>9-29-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, County, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington</i>			

SEP 30 1954

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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....
Licensed Embalmer No.....

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