

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14256

State File No. ....

FILED APR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 830

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Glendale</u>		c. CITY OR TOWN <u>Glendale</u> <u>46510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on street in front of</u> <u>910 Brownell Ave.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>	b. (Middle)	c. (Last) <u>Clark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1955</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>Aug. 3, 1950</u>	9. AGE (In years last birthday) <u>4</u> Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm. Glasgow Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes P. Galt</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>nil</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Wm. Glasgow Clark, 910 Brownell Ave.</u>
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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 <u>Glendale</u>		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, brain damage and intra-cranial hemorrhage. The deceased was found lying in the street near the curb in front of her home. Struck by hit and run driver.</u>	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E8129</u> <u>25</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glendale 400 St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/9/55 3:16P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by hit and run driver while playing near her home.</u>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold J. Willman Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>4/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/11/55</u>	REGISTRAR'S SIGNATURE <u>Heber R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. ...</u>	ADDRESS <u>3840 Lindell Blvd.</u>
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(Licensed Embalmer, Embalmers' Association of Missouri)

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 *Francis William* .....

Licensed Embalmer No. *3* .....

P. O. Address *2840* .....

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.