

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

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44158
State File No. 11893

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 (If outside corporate limits, write NEAR and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>2828 Adel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (EVER MARRIED) WIDOWED / DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>11 11 1896</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Walter</u>		13b. MOTHER'S MAIDEN NAME <u>Walter</u>		14. NAME OF HUSBAND OR WIFE <u>Walter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, if unknown, a) (If yes, give date of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.B. Taylor 1300 Clark</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>External Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>When found dead in a pit</u> DUE TO (c) <u>up heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3220 S. Vesper Ave.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>at 11:00 AM 12/11/56</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOME (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, school, etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		21d. HOW DID INJURY OCCUR <u>Gunwound E983X</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 11 56 11:00 AM</u>		21f. 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 _____, 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.			
22a. SIGNATURE <u>James M Kelly</u>		(Degree or title) <u>Deputy</u>		(Address) <u>1300 Clark</u>		22c. DATE SIGNED <u>12-19-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-31-56</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D. BY LOCAL REG. <u>DEC 27 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>		ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.