

DEC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13445
Do not use this space.791
1003

3787

1. PLACE OF DEATH

- (a) County..... Registration District No. 1
(b) Township..... Primary Registration District No. 2
(c) City St. Louis - MO (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- CLARK, WILLARD, PENNIMAN
(a) Residence, No. NR St. HAMBURG, ILLS
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Golda Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1909
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 2 8

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. minister of Gospel
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) march 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Iowa

- FATHER 13. NAME John Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

- MOTHER 15. MAIDEN NAME Clara Sawyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Iowa

17. INFORMANT (ADDRESS) Golda Clark
Hamburg, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill. DATE April 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert H. Streiper
2521 Edward St. Alton Ills.

20. FILED 19 APR 24 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1939 to 4-21-1939

I last saw him alive on 4-21-1939. Death is said to have occurred on the date stated above, at 6:35 m.
The principal cause of death and related causes of importance were as follows:

of onset frontal sinusitis, cause of brain abscess

Other contributory causes of importance: Brain abscess, left frontal lobe (streptococcus) suppurating brain abscess

Name of operation operation Date of 4-21-39

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. Elischer, M. D.
(Address) BARNES HOSPITAL

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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,

Robert H. Streeper

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Robert H. Streeper

Licensed Embalmer No.

2474

P. O. Address

Alton, Ill.

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, above space should be left blank.