

1-3 1939

MAY 11 1939

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

16104
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 109 Registered No. 802
(c) City Maplewood (d) Street No. 3227 Walter 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 William Gabe Clark

(a) Residence, No. 3227 Walter St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boilermaker
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Lancaster (STATE OR COUNTRY) Kan.

FATHER 13. NAME William Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Rachel Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

17. INFORMANT Esther Clark (ADDRESS) 3227 Walter

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE May 4, 1939

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 7456 Manchester

20. FILED MAY - 3 1939 DR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939, 1939

22. I HEREBY CERTIFY THAT I attended deceased from Feb 20, 1939 to May 2, 1939
I last saw him alive on April 30, 1939. Death is said to have occurred on the date stated above at 1:30 AM.
The principal cause of death, and related causes of importance were as follows:
Crown Thrombosis Date of onset 2/27/39

Other contributory causes of importance: 131
Coronary Resection 7
Renal Disease 1

Name of operation SPK Date of operation _____
What test confirmed diagnosis? Autopsy 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 W. Foreman
111 (Signed) W. Foreman, M. D.
(Address) 1000 E. 12th St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

J. H. Burgess

Licensed Embalmer No.

4029

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 this body is not embalmed, above space should be left blank.