

JUL 12 1939

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

20484
Do not use this space.

791
1008

Registered No. 5328

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. City Hospital No. 1 _____ 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 Wm. H. Clark

(a) Residence, No. 1238 North Kings Highway _____
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1886

7. AGE YEARS 52 MONTHS 6 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME John Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina

MOTHER 15. MAIDEN NAME May Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John N.C. 9/10/39

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN 2849 No Euclid

20. FILED JUN 14 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/39

22. I HEREBY CERTIFY, That I attended deceased from 6/8/39, 1939, 19____
 I last saw him live on 6/14/39, 19____ Death is said to have occurred on the date stated above, at 5.35 a

The principal cause of death and related causes of importance were as follows:

① Cerebral Hemorrhage (lent culostic artery, left) (non-traumatic)
 ② Hypertension
 ③ Cardio-Renal Disease
 Other contributory causes of importance: Arteriosclerosis, General.

Date of onset 15

Name of operation None Date of _____
 What test confirmed diagnosis? C. Exam Was there an autopsy? No

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 of injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Asawled, M. D.

(Address) City Hospital No. 1

MARON RESERVED FOR BINNING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.
DOM-7-20-37
I X12004

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, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Ernest A. Sullivan* _____

Licensed Embalmer No. 2930

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.)