

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23816

State File No. 626

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 626

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EN ROUTE TO HOSPITAL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town ST. LOUIS. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 112 E SHIRMER ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME WILLIAM CLARK 462

8. (b) If veteran, NO name war _____
8. (c) Social Security No. 492-07-1482

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased JUNE 27 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 - 28 hr. min.

9. Birthplace LAWRENCE ILL
(City, town, or county) (State or foreign country)

10. Usual occupation WATCHMAN

11. Industry or business SHARP-KOKEN.

12. Name WILLIAM CLARK. 1

13. Birthplace NEW HAVEN CONN.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Chesley Clark.

(b) Address 6726 Vermont.

17. (a) BURIAL (b) Date thereof July 27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul C.

18. (a) Signature of funeral director J. P. Feidick

(b) Address 7128 MICHIGAN A.W.

19. (a) JUL 26 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1940 hour 10:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death arterial stenosis with concentric cardiac hypertrophy, contracted due to chronic parenchymatous nephritis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 7/26/40

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

MOTHER FATHER

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

Joseph J. Fendler

Licensed Embalmer No. 925

P. O. Address St. Louis.

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.