

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26864
State File No. _____
Registrar's No. 6750

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 13 day
(Specify whether In this community 4 mo 13 days years, months or days)

3. (a) PRINT FULL NAME William Clark 462
8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Jane Clark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 3 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 24 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) New York (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Unknown

MOTHER FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Myrtle Davis
(b) Address 43 42 haledale

17. (a) Removed (b) Date thereof 7-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Anna Hill
Blake Broadway
(b) Address Colden, Mo

19. (a) AUG 9 1940 (b) J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Jackson
(c) City or town Carbondale N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 517 So Illinois
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1940 hour 8:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from 9-29-39
_____, 19____, to 7-27-40, 19____;
that I last saw him alive on 7-26-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Prostate
Benign with extension to
seminal vesicles and
urethra
Bladder.
Due to _____
Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

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) _____
Means of injury _____
23. Signature Dr. Hill (M. D. or other) _____
Address Union City Club Bldg Date signed 7-27-40

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

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.

09719

09719

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 Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

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.