

Registration District No. **791**

Primary Registration District No. **1003**

State File No. ....

Registrar's No. **6479**

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:  
**2022a East Linton Ave /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **Unknown**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **917**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2022a E. Linton Ave** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **C**

3. (a) PRINT FULL NAME **William C. Clark**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise H. Clark nee Bruening** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **March 13, 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75** **4** **16** hr. min.

9. Birthplace **Rising Sun / Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shearman**

11. Industry or business.....

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace **Unknown** **9 Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **9 Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louise K. Clark**

(b) Address **2022a E. Linton Ave**

17. (a) **Burial** (b) Date thereof **8/1/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **Jul 21 1942** (b) **J. F. Beedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29th.**  
year **1942** hour **9:15 PM** minute ..... M.

21. I hereby certify that I attended the deceased from **July 1**  
**1942** to **July 29** 19 **42**  
that I last saw him alive on **July 29** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** **5 days**

Due to **Cardio renal vasculon disease** **5 yrs.**

Due to .....  
Other conditions **Paralysis legitans**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy .....  
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) (e) Means of injury

23. Signature **Geo. H. ...** (M. D. or other)  
Address **3621 N 75th St.** Date signed **7/30/42**  
**St. Louis mo**

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

