

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 44751

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3437 Virginia Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3437 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 2 00 A.M. M.

21. I hereby certify that I attended the deceased from
8-16-1938 to May-12-1943
that I last saw him alive on May-12-1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic myocarditis
Senility
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Eugene A Vogel (M.D. or other) MD
Address 3325 S Grand Date signed 4/13/43

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

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Hattie Clark 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec 23 1852
(Month) (Day) (Year)

8. AGE: Years Months Days 9 If less than one day
90 4 26 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name John Clark

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Myrtle Fuhrmann

(b) Address 3437 Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Thos Katis, Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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..... *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address..... *2906 Garrison*.....

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, fact should be so stated above.