

3. No. 2
-12-45
5-17-39
-1 X47070

FILED APR 8 1947 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Little Sisters of the Poor-3400 S Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-1-44
Little Sisters of Poor (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lawrence Raymond Clark

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Tynan Dee

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 9 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	3	15	hr. _____ min.
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9. Birthplace Cumberland Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business _____

MOTHER FATHER { 12. Name George Richard Clark

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

14. Maiden name Mary Guigley

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

16. (a) Informant Little Sisters of Poor

(b) Address 3400 S. Grand

17. (a) Burial (b) Date thereof Mar. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremator Old St. Peter & Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 25 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 S. Grand
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 24 1947 to Feb 24 1947
that I last saw him alive on Feb 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery
Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Missing Aortic Valve 5 mm

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) _____

Means of injury _____

23. Signature J. F. Budeck (M. D. or other) _____

Address 607 10 Grand Date signed _____

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

APR 18 1947

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 C Gibson*.....

Licensed Embalmer No..... *3454*.....

P. O. Address.....

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.