No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35599

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9904

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: Pronounced dead at City Hospital ~~None~~
(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 6 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ado

(c) City or town St. Louis Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3743 Cote Brillante Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bert Clark

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora Clark

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
36	2	9	hr. min.

9. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Albert Clark
13. Birthplace Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilda Miller
15. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Cora Clark
(b) Address 3743 Cotebrillant Ave.

17. (a) Removal R.R. (Burial, cremation, or removal) (b) Date thereof Oct. 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Cabool Mo.

18. (a) Signature of funeral director Sudrick H. Hemer
(b) Address D.B.19 Hollinger Ferry Rd.

19. (a) OCT 27 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1947 hour 6 minute P M.

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

Duration

Immediate cause of death Gunshot Wound of Skull and Brain Self inflicted while guest of the home 3743 Cote Brillante Ave. Noon 2:00 P.M. Oct. 24 1947

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 24 1947
(c) Where did injury occur? At home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Gun

23. Signature Patrick E. Taylor Dep. Cor. 3
Address 1300 Clark Date signed 10-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

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, fact should be so stated above.