

S. No. 2
-12-45
-17-39
X47070
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State File No. _____

FILED MAY 15 1948

Registrar's No. 1079

Registration District No. 327

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mt. St. Rose Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM K. CLARK

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 19 1921
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>26</u> | <u>5</u> | <u>19</u> | _____ hr. _____ min. |

9. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER {

12. Name Albert Clark

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Zelma Tomlinson

15. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Zelma Clark Snelson

(b) Address 339 Queens, Webster Groves,

17. (a) Burial (b) Date thereof 5/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) 2-10-48 (b) George M. Snelson
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. _____
(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 8
year 1948 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from 10-1, 1947, to 5-8, 1948;
that I last saw him alive on 5-8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory + Cardiac Failure

Due to Pulmonary Tbc

Due to 13 hr

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

Major findings:
Of operations _____

Of autopsy Pulmonary Tbc

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 George M. Snelson (M. D. or other) _____
Address Mt. St. Rose Sanatorium Date signed 5/8/48

81301

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 Apprenticé No.
working under my personal supervision.

Signed *John S. Penney*
Licensed Embalmer No. *4194*
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.