

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

State File No. **18990**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **571** Registrar's No. **1340**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY OR TOWN WEBSTER GROVES	
c. LENGTH OF STAY (in this place) 2 HRS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			
e. STREET ADDRESS (If rural, give location) 473 BACON AVE			

3. NAME OF DECEASED (Type or Print) a. (First) Jack b. (Middle) ARTHUR c. (Last) CLINARD	4. DATE OF DEATH (Month) (Day) (Year) 5-30-56
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6-18-1918	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE HELPER	10b. KIND OF BUSINESS OR INDUSTRY BUSTON SKINNER	11. BIRTHPLACE (City and State or Foreign Country) WEBSTER GROVES, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLAUDE L. CLINARD	13b. MOTHER'S MAIDEN NAME ANNA ZURWESTE	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-30-6766	17. INFORMANT'S SIGNATURE OR NAME Claude L. Clinard ADDRESS 473 BACON AVE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute arsenic poisoning		INTERVAL BETWEEN ONSET AND DEATH approx 2 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) 423 Bacon Ave Webster Groves MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-30-56 8:50 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self ingested arsenic poisoning - also known as weed killer
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22. I hereby certify that I attended the deceased from **5-30, 1956**, to **5-30, 1956**, that I last saw the deceased alive on **5-30, 1956**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE G.E. Smith M.D. (Degree or title)	23b. ADDRESS 601 50, Brentwood	23c. DATE SIGNED 5-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-2-56	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KIRKWOOD, MO.
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DATE REC'D BY LOCAL REG. 6-1-56	REGISTRAR'S SIGNATURE Herbert R. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME ADDRESS 73 W. LACKWOOD AVE WEBSTER GROVES MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James B. Ambler

Licensed Embalmer No. 36

P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.