

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7848** STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 15 1963

1. PLACE OF DEATH
a. COUNTY **Missouri**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA Homer G. Phillips** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4553 Enright Ave.,** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Andrew J. Clark **July 30, 1963**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-3-1947** 9. AGE (last birthday) **15** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.,** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Harris** 13b. MOTHER'S MAIDEN NAME **Lucy Clark** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) **No** 17. INFORMANT Address **Mrs Lucy Carter- 4553 Enright Ave.,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Suffocation by drowning; when deceased was found in swimming pool at Wald Center 1915 N Kingshighway Blvd., on July 30th 1963, about 9:00 P.M**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **accident**
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. **929.4-420** Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **See above**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **9:00 p.m. 7 30**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Bank pool** 20f. CITY, TOWN, OR LOCATION **St. Louis, Mo.** COUNTY STATE

21. I attended the deceased from **9:45** to **9:45** and last saw her/him alive on **7-30-63** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave** 22c. DATE SIGNED **8-1-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8-3-63** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.,**

24. FUNERAL DIRECTOR ADDRESS **G. Wade Granberry 4202 Finney Ave.,** 25. DATE RECD. BY LOCAL REG. **AUG 1 1963** 26. REGISTRAR'S SIGNATURE **Coal Smith, M.D.**

Handwritten notes in cursive script, mostly illegible.

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

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.