

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049336

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12726**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4037 Ashland Avenue		a (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Charles Clark			4. DATE OF DEATH Month Day Year 12-20-63			5. SEX Male		6. COLOR OR RACE Negro		
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-25-1889		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Washer			10b. KIND OF BUSINESS OR INDUSTRY G.M & O. Railroad		11. BIRTHPLACE (City and state or country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME William C. Clark			13b. MOTHER'S MAIDEN NAME Hanna Little Elk			14. NAME OF HUSBAND OR WIFE deceased Rosa Clark				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Ella Rose Carter 4037 Ashland Ave Address					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition and Dehydration								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)		286.5			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour e.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from 12-16-63 to 12-20-63 and last saw him alive on 12-20-63		Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Earl W. Shelton, M.D.</i>		22b. ADDRESS 2601 N. Whittier Street		22c. DATE SIGNED 12-20-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/24/63		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) Berkeley City Missouri		(State)		
24. FUNERAL DIRECTOR C.W. Roberts Und.Co 1416 N. Taylor Ave		ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 23 1963		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>				

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
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 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

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

W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address

125 N. Taylor

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.