

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

43274
Do not use this space.

11524

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 (e) Length of residence in city or town where death occurred **5** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Willie Clark**
 (a) Residence, No. **4340 Easton** St. **III**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27, 1900**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
37 2 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Humbolt Tennessee**

13. NAME **Will Regans**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Emma Day**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Humbolt Tenn.** DATE **Dec. 15, 1937**

19. FUNERAL DIRECTOR **C. Young**
 (ADDRESS) **4400 Kenners**

20. FILED **DEC 15 1937** **Jet Briedeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 12, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 23, 1937** to **Dec. 12, 1937**

I last saw her alive on **Dec. 12, 1937** Death is said to have occurred on the date stated above, at **12:42 m. p.m.**

The principal cause of death and related causes of importance were as follows:

Far Advanced Carcinoma of cervix uteri
 Date of onset **11/23/37**
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **J. B. Hall**, M. D.
 (Address) **2601 N Whittier**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Cliff Young, Licensed Embalmer No. 3371

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Cliff Young

Licensed Embalmer No. 3371

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.)