

REC'D AUG 11 1939 791

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **6065**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
**2306a Franklin Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **ADDIE CLARK** **462**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Henry Clark** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown** **1897**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
**Abt. 42** hr. \_\_\_\_\_ min.

9. Birthplace **East St. Louis Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_  
12. Name **Thomas Scott**  
13. Birthplace **Little Rock Arkansas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fannie Tull**  
15. Birthplace **Versailles Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jessie Holmes**

(b) Address **2306a Franklin Avenue**

17. (a) **Burial** (b) Date thereof **July 11 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Charles Gates**  
(b) Address **4107-09 Finney Avenue**

19. (a) **10 1939** (b) **J. Braddock**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis** **21**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2306a Franklin Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **5th**  
year **1939** hour **10:** minute **25 a.** M.

21. I hereby certify that I attended the deceased from **June 20**, 19**39**, to **July 5th**, 19**39**  
that I last saw her alive on **July 5th**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric Carcinoma** **3 Mo.**  
Duration

Due to **Hepatic Stasis. 1 yr.**  
Due to **Primary site of carcinoma**  
**Stomach**

Other conditions (Include pregnancy within 3 months of death) **HO**

PHYSICIAN  
Major findings: **No operation**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **W. L. Moore** (M. D. or other) \_\_\_\_\_  
Address **1336a Franklin Avenue** Date signed \_\_\_\_\_

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.

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**STATEMENT BY LICENSED EMBALMER**

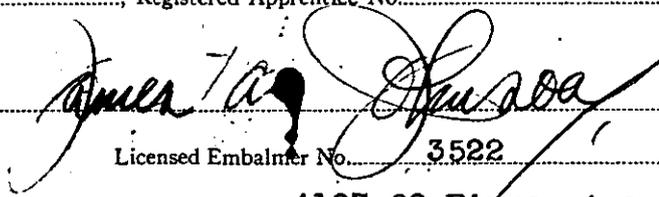
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107-09 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 this body is not embalmed, above space should be left blank.**