

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9295
Registrar's No. 2778

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anns Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. St. Anns Home 5301 PAGE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary A. Clark

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 13 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 11 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Clark

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hayden

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Monica C. Mooney

(b) Address 14901 Lake Ave. Lakewood Ohio

17. (a) Burial (b) Date thereof Mar. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd

19. (a) MAR 25 1940 (b) J.F. Beckel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1940 hour 7:15 minute A M.

21. I hereby certify that I attended the deceased from Mar 1 1939 to Mar 24 1940
that I last saw her alive on Mar 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia

Due to acute Bronchitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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 Wm. Langford (M. D. or other) _____
Address 580 3 Plymouth St. Date signed Mar 25 40

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Ray W. Wilkinson

Licensed Embalmer No. 2575

P. O. Address

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.