No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34144

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8841

FILED NOV 16 1940

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10 Homer G. Phillips Hos
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits write "RURAL")

(d) Street No. 706 N. Garrison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clara Hard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Aug (Month) 19 (Day) 1864 (Year)

8. AGE: Years 76 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Alabama (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife 4

11. Industry or business 6

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marie Jones
(b) Address 706 N Garrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son
(b) Address 2631 Wash St

19. (a) OCT 27 1940 (Date received local registrar) (b) J. T. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 11:30 minute a.m.

21. I hereby certify that I attended the deceased from Oct 7, 1940, to Oct 22, 1940
that I last saw her alive on 10-22-40, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Mitral Insufficiency	2 weeks
Due to Hypertension	8 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1005 N Jefferson Well Date signed Oct 27

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

....., Registered Apprentice No. Empty

working under my personal supervision.

Signed Lonnie Boyce

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.