

No. 2
1-44
-17
X26390

SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

(a) County ST. LOUIS, MO.
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-11-41 to 8-4-41 (Specify whether years, months or days)
In this community 8-4-41 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrie Bliss Clark
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

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 AUGUST 7 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Mendota Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business
12. Name Harvey Clark
13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Adelaide Davis
15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edw G Charbonnier
(b) Address #16 Kingsbury, Pl.
17. (a) Removal (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MENDOTA, ILL.
18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 723 Delmar Blvd.

19. (a) AUG 5 1941 (b) J. J. (Credick)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DDU
(c) City or town #16 Kingsbury Place (State) 17
(If outside city or town limits, write "RURAL")
(d) Street No. # St. Louis, Mo. 42
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-11
1941, to Aug 4 1941.
that I last saw her alive on Aug 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Probable Hyperstatic Pneumonial Bronchial
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations 107a
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature FR Bradley (M. D. number) 0
Address BARNES HOSPITAL Date signed _____

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 Bradford A. Miles
Licensed Embalmer No. 2901
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, fact should be so stated above.