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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32644**

FILED OCT 7 1941

Registration District No. **254**

Primary Registration District No. **200**

Registrar's No. **1869**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Carrick Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Koch Hospital (1)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **653 days**  
(Specify whether  
In this community **22 yrs**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **— 0110**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4157 Fairfax** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** **1** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **HENRIETTA CLARK**

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex **F** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **Separated**

6. (b) Name of husband or wife **David Clark** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **October 11, 1903**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **10** Days **25** If less than one day hr. min.

9. Birthplace **Troy** **OMO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Henry Parkins**

13. Birthplace **Troy** **OMO**  
(City, town, or county) (State or foreign country)

14. Maiden name **Debra Purcell**

15. Birthplace **Hessical, OMO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Thompson**

(b) Address **4157 Fairfax**

17. (a) **BURIAL** (b) Date thereof **9-11-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy Mo**

18. (a) Signature of funeral director **Marj Thabe**

(b) Address **4202 Foxberry Ave**

19. (a) **SEP 10 1941** (b) **C. H. McShannon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6, 1941**  
year hour **4:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 1, 1941** to **Sept 6, 1941**  
that I last saw her alive on **Sept-6, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Sputum Pneumoniae Chronic Pulmonary Tuberculosis** Duration **3 yrs.**

Due to

Due to **1341**

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?

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

23. Signature **Willard D. Rowland** (M. D. or other)

Address **Koch Hospital** Date signed **9-7-41**

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

MOTHER FATHER

(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.....

.....  
working under my personal supervision.

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

Signed.....

*S. J. Watson*

..... Licensed Embalmer No. *269A*

..... P. O. Address *2769 Ch...*

**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.**