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4-41  
-39  
K26390

DEC 22 1941  
Registration District No. 791

Primary Registration District No.

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:  
**Barnes Hospital 15**  
(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 **GLADYS E. CLARK**  
3. (b) If veteran, name war..... **No.**  
3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Earl B.**  
6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **Feb. 10 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 9 14** hr. min.

9. Birthplace..... **St. Paul Minnesota**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Saleslady**

11. Industry or business..... **Famous & Barr Co.**

MOTHER FATHER { 12. Name..... **George V. Sewell**  
13. Birthplace..... **Canada 2**  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name..... **Leona Lochtu**  
15. Birthplace..... **St. Paul Minnesota**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Earl B. Clark**  
(b) Address..... **7500 St. Charles Rock Rd.**

17. (a) **Removal** (b) Date thereof **11-25-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Detroit Lakes, Minn.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**  
(b) Address..... **4700 Washington Ave.**

19. (a) **Nov 20 1941** (b) **J. F. Mueck**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**  
(c) City or town..... **Wellston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7500 St. Charles Rock Rd.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **24**  
year..... **1941** hour..... **7** minute..... **50** A.M.

21. I hereby certify that I attended the deceased from.....  
....., 19..... to....., 19.....

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary occlusion over Chronic Myocarditis  
Chronic Interstitial Nephritis**

Due to.....  
Due to.....  
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?..... Means of injury.....

23. Signature..... **Albert Perry** (M. D. or other)  
Address..... Date signed **11/25/41**

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

**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.....

*Albert W. Rapp*

Licensed Embalmer No.....

*1861*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**