

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County 037
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bliss Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4917a Highland Ave. D
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bertha Lorena Clark

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female / race White 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 May 13 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 5 hr. _____ min.

9. Birthplace Fort Russell Township, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home, Housework

11. Industry or business Own Home

MOTHER FATHER
12. Name Miran H. Clark
18. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary S. Wood
15. Birthplace Moro Township, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. A. Clark
(b) Address 4917a Highland Ave. St. Louis, Mo

17. (a) Burial (b) Date thereof Jan. 21, 1942
(Burial, cremation, or exposure) (Month) (Day) (Year)
Montgomery Ceme. Wood River Township, Illinois

18. (a) Signature of funeral director Robert W. Streep
(b) Address 2521 Edwards St. Alton Ill.

19. (a) Jan 10 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1942 hour 12:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from January 12, 1942 to January 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arterio-sclerosis
Duration months

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. A. Clark (M/D or other) 1/19/42
Address 1515 Lafayette Ave. Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ _____
Robert H. Streaper, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert H. Streaper
Licensed Embalmer No. 2474
P. O. Address Alton, Ill.

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.