

FILED DEC 11 1942

State File No. 10072
Registrar's No.

Registration District No. 318

Primary Registration District No. 47

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 26 days
In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis, 25 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1728 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Clara Lane

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased. Oct. 23 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hightower

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ewing

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Osborne

(b) Address 4409 Cartright Ave

17. (a) Burial (b) Date thereof Dec. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Russell Undt, Co.

(b) Address 2732 Pine Street

19. (a) DEC 3 1942 (b) J. F. Braden
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1,
year 1942 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from September 5, 1942 to December 1, 1942; that I last saw her alive on December 1, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertrophied Arthritis 2 1/2 mos.
Carcinoma of Cervix 8 mos.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. F. Braden (M. D. or other) _____

Address 3011 White River Date signed 12/1/42

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 Joel Russell
Licensed Embalmer No. 4112

P. O. Address.....

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.