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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3368 /

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 173

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 1 yr. 4 Mo 24 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000 19

(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2908 Park (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Camille F Clark

3. (b) If veteran, name war — (made) 3. (c) Social Security No. 492-16-0090

4. Sex F 5. Color or race W 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 Oct (Month) 31 (Day) 1904 (Year)

8. AGE: Years 38 Months 2 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Jonesboro (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Sales Woman

11. Industry or business Dept Store + Lunch Counter

FATHER
12. Name David Clark
13. Birthplace ..... (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ayers
15. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Koch Hospital record

(b) Address Koch Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 18 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) JAN 19 1943 (Date received local registrar) C. J. McGarvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1943 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-22, 1941, to 1-16, 1943 that I last saw her alive on 1-15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2 yrs?
Diabetes Mellitus	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Confirms above

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? (e) Means of injury

Signature Paul Murphy (M.D. or other)

Address Koch Mo Date signed 1-16-43

(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.....

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

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4044

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.