

FILED APR 19 1948
Registration District No. 308

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 3731 Laclede Ave.
(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. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura P. Clarke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Walter S. Clarke

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. 16th., 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>15</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Edward Robyn

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

14. Maiden name Julia Graft

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

16. (a) Informant Mr. Walter S. Clarke

(b) Address 3731 Laclede Ave.

17. (a) Burial (b) Date thereof 4-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Kennelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 3 (b) J. J. Braddock
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 3731 Laclede Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st. year 1943 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from June - 1 - 1943 to April - 1 - 1943
that I last saw her alive on April - 1 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Hypertension
Disease

Due to Chronic Myocarditis

Due to Renal Coma

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

Major findings: 48

Of operations

Of autopsy

Duration

10 mos

10 mos

3 days

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) (c) Means of injury 0

23. Signature A. Raemdonck (M. D. or other)

Address 4340 W. Pine Bl Date signed 4-2-43

12-1

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.