V. S. No. 2
50M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1943 318 1003

State File No. 15960

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4379

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

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: 4917 Highland ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 22 year. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 617

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9

(d) Street No. 4917 HIGHLAND (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME JENNIE L. CLARK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM A. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JUNE (Month) 3 (Day) 1867 (Year)

8. AGE: Years 75 Months 11 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation DOMESTIC

11. Industry or business .....

FATHER
12. Name CHAS. J WIGHTMAN
13. Birthplace BOSTON (City, town, or county) MASS. (State or foreign country)

MOTHER
14. Maiden name JOESPHINE MERRIAM
15. Birthplace BANGER (City, town, or county) MAINE (State or foreign country)

16. (a) Informant W. A. Clark
(b) Address 4917 Highland St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OAKWOOD, ALTON, ILL

18. (a) Signature of funeral director Robert H Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) MAY 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1943 hour 1 minute 30 P.M.

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

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 days
Due to Fracture of femur from fall	2½ days
Due to	
Other conditions Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations 186
Of autopsy 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 5, 1943

(c) Where did injury occur? At Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fell from

23. Signature Robert L. Meadow Lobed (M. D. or other)

Address Clayton, Mo 2 Date signed 5/9/43

(Licensed Embalmer's Statement on Reverse Side)

4379

4379

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 Robert H. Streeper

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, fact should be so stated above.