. No. 2
—5-42
5-17-30
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22866

FILED JUL 31 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6726

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

1. PLACE OF DEATH:
(a) County S
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17
(a) State Mo (b) County 7 16
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 Virginia ave.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA MARIE CLARK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased November (Month) 27 (Day) 1866 (Year)

8. AGE: Years 76 | Months 7 | Days 26 | If less than one day .....hr. .....min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Hubey
13. Birthplace ..... France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Wilson Wm E Wilson
(b) Address 3005 Virginia ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27- 43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&.I.Co.
(b) Address 7614 S. Broadway

19. (a) JUL 26 1943 (Date received local registrar) (b) W. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 10:45 minute a. M.

21. I hereby certify that I attended the deceased from June 26, 19 43, to July 23, 19 43; that I last saw h.. alive on July 22, 19 43; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Myocardial degeneration	
Due to: Pneumonia - Lobar	3 wks
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?
(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature Robert L. Nye (M. D. or other) M.D.
Address 3201 Arsenal St. Louis Date signed 7-24-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Bye 2201 Arsenal

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.