

FILED AUG 7 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 Lombard St.
(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:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Lombard St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Clark
3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8
year 1943 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of skin Black
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1898
(Month) (Day) (Year)

Immediate cause of death Diabetic mellitus
Due to _____
Due to _____

8. AGE: Years 45 Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation West Packer

MOTHER FATHER
12. Name Wm. Brown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Wm. Brown
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant James J. Egan
(b) Address 1300 Clark
17. (a) Burial, cremation, or removal Catholic Burial (b) Date thereof 7-14-43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Leo's
18. (a) Signature of funeral director W. R. Ruskis
(b) Address 3500 Ruskis
19. (a) JUL 30 1943 (Date received local registrar) J. J. Buehler (Registrar's signature)

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 Wm. J. Perry (M.D. or other) _____
Address _____ Date signed 7/14/43

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

8369

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.....

Licensed Embalmer No.....

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.