

FILED MAR 13 1944 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. 2214

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:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution March 2, 1944  
to March 4, 1944  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Emayouis  
(If outside city or town limits, write "RURAL")

(d) Street No. 620 Beatrice Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Jenny Clarkson

(b) If veteran, name war No

(c) Social Security No. NONE

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James L. Clarkson

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

7. Birth date of deceased May 26 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Holey

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

14. Maiden name Lucinda Roccus?

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial (b) Date thereof March 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
1814 S. Broadway

(b) Address \_\_\_\_\_

19. (a) MAR 6 1944 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 4, year 1944 hour 7 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from March 2, 1944, 19 \_\_\_\_\_ to March 4, 1944, 19 \_\_\_\_\_; that I last saw her alive on March 4, 1944, 19 \_\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac and respiratory failure

Due to Pulmonary Tuberculosis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. Purkel (M. D. or other) \_\_\_\_\_  
Address Isolation Hosp. Date signed 3/4/44

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

**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

*Harry J. Schumacher*

Licensed Embalmer No. ....

*2679*

P. O. Address.....

*732 Lemay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

44/18