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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 577

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12020

Primary Registration District No. 6076

Registrar's No. 679

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr. 5 Mo 25 days (Specify whether years, months or days)
In this community yes.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County — 000 12
(c) City or town St Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 913 Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alyce Clark
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Jewel Clark
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April (Month) 10 (Day) 1899 (Year)

8. AGE: Years 44 Months 11 Days 6 If less than one day hr. min.
9. Birthplace Paducah (City, town, or county) Ky (State or foreign country)
10. Usual occupation Waitress
11. Industry or business Restaurant
FATHER
12. Name Ed Duflow
13. Birthplace Paris (City, town, or county) France (State or foreign country)
MOTHER
14. Maiden name Mattie Acree
15. Birthplace Dover (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Koch Hospital Record
(b) Address Koch, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave
19. (a) MAR 20 1944 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1944 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 9-21, 1938, to 3-16, 1944, that I last saw h. alive on 3-15-44, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	about 9 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 Feb 1	
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 Paul Wimpey (M. D. or other)
Address Koch Mo Date signed 3-16-44

(Licensed Embalmer's Statement on Reverse Side)

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. 1597

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.