

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12647

State File No.

3432

Registration District No.

318

Primary Registration District No.

100

Registrar's No.

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: Park Lane Hospital  
 (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 000  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6042A Suburban Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jessie Clark

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph L. Clark 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 10, 1911.  
 (Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jess Reddick

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

14. Maiden name Nettie Jendron

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

16. (a) Informant Joseph L. Clark

(b) Address 6042A Suburban Ave.,

17. (a) Burial (b) Date thereof April 14/44.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) APR 14 1944 (b) J. T. Bredet  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
 year 1944 hour 3.00 minute \_\_\_\_\_ P.M. A.M.

21. I hereby certify that I attended the deceased from July  
1, 1944 to April 11, 1944  
 that I last saw her or alive on April 11, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: ruptured stomach with stricture of common bile duct  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/25

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. T. Bredet (M. D. or other) \_\_\_\_\_  
 Address 4503 Washington Date signed 4/14/44

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

MOTHER FATHER

Dr. Thomas J. Kemp,  
4503 Washington Blvd.,  
R.O. 3653.  
10-11 4-5 or 7-8 P.M.

11/12-9-50M

**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. 3225

P. O. Address 1135 Hodiament Ave.,

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.