

S. No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **29212**
 Registrar's No. **8229**

FILED OCT 6 1944

Registration District No. **18** 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:
2526a N. 22nd. St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **56 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2526a N. 22nd. St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Amanda 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 **late Wm. Clark** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 10 1872**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **16** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Mosbey**
 13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amanda Bahr**
 (b) Address **2526a N. 22nd. St.**

17. (a) **Burial** (b) Date thereof **9-29-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
 (b) Address **2223 St. Louis Ave.**

19. (a) **SEP 27 1944** (b) **J. F. Bredesk**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26th**
 year **1944** hour **7:05 AM.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **Jan 1943**
 _____, 19____ to **Sept. 26**, 19____
 that I last saw her alive on **Sept 25**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocardia**
Ch. Nephritis
caused by skeletal heart of 10 days
Due to Hypo. plasma Pyemia
Nephritis - 10 days
Due to would be acute

Duration
10 days
5 days

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 **J. F. Bredesk** (M. D. or other) _____
 Address **1875 Madison** Date signed **9/27/44**

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.....

John P. Bushholz

Licensed Embalmer No. *1674*

P. O. Address *7778 E. Green 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.