

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 318 1946

7327
State File No. 1845
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Deaconess Hospital
(d) Length of stay: In hospital or institution 15 days
In this community ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4316 Laclede Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Sarah Jane Clarke
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 22nd
year 1946 hour 7:40 minute P. M.
21. I hereby certify that I attended the deceased from 2-11-46 to 2-22-46

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lorenze Thomas Clarke
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 14, 1865.

that I last saw her alive on 2-22-46 and that death occurred on the date and hour stated above.
Immediate cause of death Ch. Myocarditis
anterior rib fracture
Carcinoma ovary
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 2 8 hr. min.

9. Birthplace England (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 01 (State or foreign country)

16. (a) Informant Robert C. Brinkman

(b) Address 208 N. Broadway

17. (a) Removal-Rail (b) Date thereof Feb. 25, 1946.

(c) Place: burial or cremation Cleveland, Ohio.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 25 1946 J. F. Brudeck (Registrar's signature)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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. F. Brudeck (M. D. or other)

Address 607 N. Grand Date signed 2/23/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAY 9 1945

21. C. 1304

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.....

Ralph Linders

Licensed Embalmer No.....

4275

P. O. Address.....

St. Louis, Mo.

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.