

FILED APR 3 18946

Primary Registration District No. 1003

Registrar's No. 2772

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

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: Homer G. Phillips Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Irene Clark

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-14-2924

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

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

7. Birth date of deceased August 12 1914  
(Month) (Day) (Year)

8. AGE: 31 Years 7 Months 9 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clayborne Co. Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Acme Laundry

12. Name Pat Clark

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

14. Maiden name Amey Coleman

15. Birthplace Clayborne Co. Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Amey Welcome

(b) Address 2735a Delmar Blvd.

17. (a) Burial (b) Date thereof 3/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Peters C.E.M.

(d) Ellis Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2820 Stoddard St.

19. (a) MAR 25 1946 (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2735a Delmar Blvd (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1946 hour 5:15 minute P. M.

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

Immediate cause of death Bronch pneumonia  
empyema

Due to \_\_\_\_\_  
Due to 107

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

Major findings: Of operations \_\_\_\_\_

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

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? (a) Means of injury \_\_\_\_\_

23. Signature Whit Perry (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 3/22/46

*Emb Sep Cert to be filed*

**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.....

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.**