No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42249

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11378

00 17 9

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: 1400 A. North Grand Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 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. 1400 A. North Grand Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

00 17 9

3. (a) PRINT FULL NAME Maimie E. 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 Married

6. (b) Name of husband or wife John Clark

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September (Month) 2 (Day) 1871 (Year)

8. AGE: Years 75 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Babcock
13. Birthplace Unk (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Clark

(b) Address 1400 A. N. Grand Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director J. A. Quinn

(b) Address 1389 Union Blvd.

19. (a) JAN 3 - 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1946 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 4 - 1946, to Dec 30th, 1946 that I last saw her alive on Dec 30th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant tumor abdominal	3 yrs
Due to Carcinoma	0
Due to	
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 C. A. Connor (M. D. or other)

Address 1316 A N Grand Date signed Jan 2-47

(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 Ronald Jakob

Licensed Embalmer No. 3917

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.