No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

State File No. 3417

Registrar's No. 189

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Webster College
(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 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Sister Mary Borgia Clark
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
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 April (Month) 4, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	17	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Teacher- Religious
11. Industry or business .....

FATHER
12. Name Simon Clark 4
13. Birthplace Wexford, Ireland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Catherine Murphy
15. Birthplace Wexford, Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Sister Matthew Marie
(b) Address Webster College, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 1-22-48 (Date received local registrar) (b) Cecil A J Stark MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from 1931 ....., 19....., to 1/21/48 ....., 19.....;
that I last saw her alive on 10/1/47 ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial degeneration
Due to: art-sclerotic heart Dis 6 mo
Due to: Hypertension 9 3d
Other conditions: Pernicious hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause of 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 O E Hall (M. D. or other) md
Address ..... Date signed .....

Jefferson City Printing Co.

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.