S. No. 2
I—1/47
5-17-39

6189

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003

State File No.

Registrar's No. 1221

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 9mos 6das. (Specify whether
In this community 33years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00-1
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. ~~1821 S. 10th St~~ City Sanitarium 9
(If rural, give location) 0
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME EVA CLARK
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Joseph H. Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 4 (Day) 1904 (Year)

8. AGE: Years 43 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Austria ~~Germany~~ 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Messmer
13. Birthplace Austria ~~Germany~~ 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Seitz 4
15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)
16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.
18. (a) Signature of funeral director Witt Bros. L & Wo
(b) Address 2929 S. Jefferson Av.
19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 5th year 1948 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from April 29, 1946 to Febr 5, 1948; that I last saw her alive on Febr 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Post Encephalitic Parkinsonism 1946x.
Due to
Due to
Other conditions 37
(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 0
23. Signature Jack R. Fidelman (M. D. or other)
Address 5400 Arsenal St Date signed 2/5/48

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 Harold L. Witt Registered Apprentice No. working under my personal supervision.

Signed L. F. Witt

Licensed Embalmer No. 2117

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.