No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13953

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3781

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: Homer PHILLIPS Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 58 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3925 Finney (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Clark

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 3 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. (Month) 22 (Day) 1877 (Year)

8. AGE: Years 70 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Macon (City, town, or county) Ga. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Unknown McCoy
13. Birthplace Macon (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Jennie unknown
15. Birthplace Macon (City, town, or county) Ga. (State or foreign country)

16. (a) Informant Frank Clark
(b) Address 3925 Finney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) APR 21 1948 (Date received local registrar) (b) J. F. Bradeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1948 hour 9 minute 41 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: Fracture Left leg. Arteriosclerosis suffered when deceased fell to the floor in the front room of her home at 3925 Finney Ave on Nov. 28th 1947 at about 6:45 P.M.

Duration

Due

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence 11/28/47

(c) Where did injury occur? St. Louis (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work (e) Means of injury Above

23. Signature Patrick E. Taylor (M. D. or other) 3

Address 1300 Clark A e. Date signed 4-19-48

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed: Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.