

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27591
Registrar's No. 7672

FILED SEP 13 1948
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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)

3. (a) PRINT FULL NAME

AGNES CLARKE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE! 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNK (Month) (Day) (Year) 1873

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

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER { 12. Name ANDREW CLARKE II
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
14. Maiden name MARIE (City, town, or county) (State or foreign country)
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant MARY KELLY

(b) Address 1029 MARION

17. (a) BURIAL (b) Date thereof SEPT-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director E. J. SCHEIDT

(b) Address 312 W. BRETTE

19. (a) AUG 31 1948 (b) J. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JOO
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4721 NORTH LAND
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug. day 29th
year 1948 hour 9 minute 10 4
8/17/48
21. I hereby certify that I attended the deceased from Aug. 29th 19. 48
to Aug. 29th 19. 48
that I last saw her alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerotic heart disease
Due to generalized arterio-sclerotic
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Not done

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature 1518 Lafayette (M. D. or other)
Address Date signed 8/30/48

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.