

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#88478
MISSOURI AGENCY OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30911
Registrar's No. 8270

FILED OCT 1 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. Old Falk Home Club
(If rural, give location)

(e) Citizen or foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JENNIE CLARK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 71 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles T.

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

7. Birth date of deceased Feb. 12, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Thomas Sillipie

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Irene Carlton

15. Birthplace see 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. C. Harris

(b) Address 222 E. Adams

17. (a) Burial (b) Date thereof 9/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Thomas H. Bopp

(b) Address Ferguson, Mo.

19. (a) _____ (b) SEP 2 1948 (c) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1948 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from 8/3/48
_____ 19____ to Sept. 18th 1948
that I last saw her alive on Sept. 18th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor. Decompens.
Arterio-sclerotic Heart Disease

Due to _____

Due to _____

Other conditions 9/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

18. (a) Signature of funeral director _____ While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signat. 1515 Lafayette 9/20/48
Address Donald E. Taylor, D. Date signed _____
(City or town) (State) (Other)

82270

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 W. B. Duboullé

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.