

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4066
 Do not use this space.

FEB 16 1938

1. PLACE OF DEATH
 (a) County St. Louis. Registration District No. 91
 (b) Township _____ Primary Registration District No. _____ Registered No. 64
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isora M. Clark
 (a) Residence, No. 1125 Hodiamont Ave. St. St. Louis Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. W. Clark.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant, Missouri.
 13. NAME George Montaigne.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant, Missouri.

MOTHER 15. MAIDEN NAME Adele Bourdne.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant, Missouri.

17. INFORMANT (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE, Ferdinand Cem. DATE Jan. 12 1938
 19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.
 20. FILED 1-10 1938 THE CITY OF ST. LOUIS, MISSOURI Credit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938 to Jan 9 1938 I last saw her alive on Jan 9 1938 Death is said to have occurred on the date stated above, at 8:31am. The principal cause of death and related causes of importance were as follows:
Pt Lower Lobe. Pneumonia. Type # 3. Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Hoffman Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? None _____ city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____ (Signed) Reece Kelly, M. D.
6125 Barton

STATEMENT BY LICENSED EMBALMER

I, A. J. Neely, Licensed Embalmer No. 3225

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

A. J. Neely
Licensed Embalmer No. 3225

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)