

REC'D MAR 14 1938

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

5353  
Do not use this space.

791  
1003

Registered No. 1998

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. ....

(c) City St. Louis. (d) Street No. 5808 Maple. ..... 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. mes. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Jones Clark. 462

(a) Residence, No. 5808 Maple Ave. St. 5  
(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 William G. Clark.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Peyton C. Jones.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Mary A. Kick.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT William G. Clark.  
(ADDRESS) 5808 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellefontaine DATE 2-26-38.

19. FUNERAL DIRECTOR Arthur J. Donnelly.  
(ADDRESS) 3840 Lindell Blvd.

20. FILE FEB 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd. 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;

Arteriosclerosis.

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury "See above"

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Joseph M. Jones 4, M.D.  
(Signed) Arthur J. Donnelly  
(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Completed  
Office

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred J. Boedeker  
Licensed Embalmer No. 2663

**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.)**