

REC'D JUL 12 1938

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

20088

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St. **5227**
(e) Length of residence in city or town where death occurred **Life** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah Clark.
(a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow.**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Clark**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 3, 1871**
7. AGE YEARS MONTHS DAYS **66** **11** **4** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **No Occupation.**
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, Missouri.**
13. NAME **Jacob McLaughlin**
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Ireland**
15. MAIDEN NAME **Bridget McGuire**
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Ireland E. Motony,**
17. INFORMANT (ADDRESS) **5800 Arsenal St.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **6/9/38**
19. FUNERAL DIRECTOR (ADDRESS) **Cullen Kelly 1416 N. Taylor Ave**
20. FILED **JUN 8 1938 J. B. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **September 30, 1937** to **June 7, 1938**
I last saw her alive on **June 7, 1938**. Death is said to have occurred on the date stated above, at **8:55** m. A.M.
The principal cause of death and related causes of importance were as follows:
Degenerative
93C. Heart Disease
Arteriosclerosis genl
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **T. Young** M. D.
(Address) **5600 Arsenal**

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

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.)