S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 859

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 859

FILED FEB 17 1940

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 8
(If outside city or town limits write "RURAL")
(d) Street No. 8200a Church Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jennie M. Clarke 467

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Clarke
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2 (Day) 1863 (Year)

8. AGE: Years 76 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home 1
11. Industry or business 5

FATHER
12. Name Hugh O' Hara
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Francis J. Clarke
(b) Address 8200a Church Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) (Date received local registrar) JAN 29 1940 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1940 hour 4 minute 50 p.M.

21. I hereby certify that I attended the deceased from Dec. 26, 1940, to Jan 26, 1940 that I last saw her alive on Jan 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver and pancreas (Peritonitis)
Due to Primary site head of pancreas
Due to
Other conditions Peritonitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy 0

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

23. Signature Wm. A. Knight (M. D. or other)
Address 8201 N Broadway Date signed 1/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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, above space should be left blank.