

Registration District No. **7911**

Primary Registration District No. **1003**

FILED DEC 11 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: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos 6 das**
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Helen Clark**

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

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Alonzo Clark** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **12 25 1885**
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **10** If less than one day **3** hr. **5** min.

9. Birthplace **St Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic** **0**

11. Industry or business _____

12. Name **Len Phillips** **0**

13. Birthplace **St Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mitilda Moore**

15. Birthplace **St Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Baker**
(b) Address **2702 a Stoddard St**

17. (a) **Burial** (b) Date thereof **11 9 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**
Ellis Fun, Home

18. (a) Signature of funeral director _____
(b) Address **2820 Stoddard St**

19. (a) **NOV 9 1940** (b) **J. B. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2702 Stoddard**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4**
year **1940** hour **12:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **August 28**, 19 **40**, to **November 4**, 19 **40**;
that I last saw h. **er** alive on **November 4**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease with
Decompensation** Abt **10 mos**
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **Edell W. Lutosh** (M. D. or other) _____
Address **2601 N Whittier** Date signed _____

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

MOTHER FATHER

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 L. B. ...

....., Registered Apprentice No. Aug 1944
working under my personal supervision.

Signed Lorraine Boegeman
Licensed Embalmer No. 294

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, fact should be so stated above.