

1941 MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15950
Registrar's No. 85-8

Registration District No. 789

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Rural St. Ferdinand Twnshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #1 Box 233 Florissant, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil
In this community. 8 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1 Box 233 Florissant, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1941 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 4/9/
19 41 to 4/19/ 19 41
that I last saw her alive on 4/17 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Colitis Duration 12 days

Due to Diabetes-Arthritis
Due to

Other conditions Diabetes-Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 [Signature] (M. D. or other)
Address 8321 N. Broadway Date signed 7/19/41

8. (a) PRINT FULL NAME Lily Clark

8. (b) If veteran, name war Nil 8. (c) Social Security No. None

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

6. (b) Name of husband or wife James H. Clark 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 11 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Nil

12. Name Henry HARRS

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Wolters

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Clark

(b) Address R.R. #1 Box 233 Florissant, Mo.

17. (a) Burial (b) Date thereof Apr. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 3934 N. 200 St.

19. (a) APR 21 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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 Alfred J. Delester
Licensed Embalmer No. 2663
P. O. Address 4204 Paine

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.