

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16409

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3927

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 25 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617
(d) Street No. 1323 Clara Ave.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Clark

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 Married
6. (b) Name of husband or wife Richard T. Clark
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 4 - 18 - 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 13 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Crasch
13. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fahny Dowell
15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard T. Clark
(b) Address 1323 Clara

17. (a) Removal (b) Date thereof 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center Mo.

18. (a) Signature of funeral director Autel Funeral Home
(b) Address Center Mo.

19. (a) MAY 9 1941 (b) J. H. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1, year 1941 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from February 6, 1941 to May 1, 1941
that I last saw her alive on May 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of right breast with metastases
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 0
23. Signature Wm N. Elliott (M. D. or other) 5/1/41
Address 1515 Lafayette Avenue Date signed _____

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

122033
122033

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.....

John Ketter

Licensed Embalmer No. *3850*

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.