No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33259

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8214

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

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: 2009 N. Florissant Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 26
(d) Street No. 2009 N. Florissant Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mayme Clark
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Chauncey Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased -- (Month) -- (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	---	---	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 6 (State or foreign country)
10. Usual occupation housework
11. Industry or business
FATHER
12. Name Matthew McGowan
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)
16. (a) Informant Mrs. Ethel Werstad
(b) Address 10745 Midland Av. Overland, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 16-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. (a) OCT 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1941 hour 1 minute 35 A. M.
21. I hereby certify that I attended the deceased from Jan 1941 to Oct 14 1941 that I last saw her alive on Oct. 12 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Carcinoma of Uterus	
Due to	
Due to	
Other conditions Secondary Anaemia (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) no
(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 A. F. Henke (M. D. or other) 10/15/41
Address 4901 Easton Av Date signed

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

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.