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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40223

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9955

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: 0 BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days) In this community 2 months

2. USUAL RESIDENCE OF DECEASED: 161

(a) State Missouri (b) County 0
(c) City or town MIDRIDGE (If outside city or town limits, write "RURAL") 0 NR
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Magdelene Clark

3. (b) If veteran, name war none — 3. (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 George H. — 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 12 (Day) 1881 (Year)

8. AGE: Years 60 — Months 0 — Days 2 — If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation house-wife

11. Industry or business

FATHER 12. Name Abe Story
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name Artie Thompson
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant George H. Clark
(b) Address Midridge, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Midridge, Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) DEC 16 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1941 hour 8:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 4, 1941, to Dec. 14, 1941, that I last saw her alive on Dec. 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Pulmonary Embolism
Due to Arteriosclerotic Cardiovascular Disease
Due to
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy 161

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 0

23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 12-14-41

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 331 Lafayette

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.