

Registration District No. _____

Primary Registration District No. _____

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

20
17
9

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1617 Clark
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Tishia Clark

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

4. Sex Fem 3 5. Color or race Col 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife John Clark 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Abt 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 68 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name John Nowles
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Reed
 15. Birthplace Madison County Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Gussie Hayes
 (b) Address 3403a Walnut Street.

17. (a) Burial (b) Date thereof 4/7/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclade Ave.

19. (a) APR 7 1942 (b) J. F. Benedek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1,
 year 1942 hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from March 12,
 1942 to April 1, 1942
 er April 1, 1942
 that I last saw h _____ alive on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Fracture of right femur
(Intertrochanteric)
Hypertensive heart Disease

Duration
3 weeks
2 yrs.

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 3-7-1942
 (c) Where did injury occur? On Street
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near home
 While at work? _____ (Specify type of place)
 (e) Means of injury Fall

23. Signature M. E. Fowler (M. D. or other)
 Address 2601 N. Chittier Date signed 4/3/42

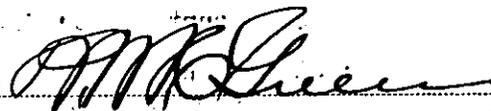
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1173

P. O. Address 3517 S. L. Cade Dr.

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.