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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 9161

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 10 Days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State SMissouris (b) County 17 9/3

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3261 Jasper Park
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Slaight

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Thos.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 14, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	17	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Bernice Jamison
(b) Address 3261 Jasper Park

17. (a) Burial (b) Date thereof 11/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem.

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

19. (a) NOV 3 1942 (b) J. F. Bridack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1,
year 1942 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from September 22, 1942 to November 1, 1942
that I last saw her alive on November 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis with Encephalomalacia	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): General Paresis; Hypothyroidism	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Leo J. Wade (M. D. or other)
Address 515 Lafayette Avenue, Date signed 11/2/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.