

FILED DEC 7 1942 848

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 9922

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community Unknown
(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..... 4217 E. Maffitt
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Julia Clark
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 26,
year 1942 hour 2 minute 24 P. M.
21. I hereby certify that I attended the deceased from November
5, 1942 to November 26, 1942;
that I last saw her alive on November 26, 1942;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Asa Clark 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Nov 2 1878
(Month) (Day) (Year)

Immediate cause of death
Diabetes Mellitus
Subcutaneous Abscesses of Buttocks
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
Unk.
4 wks.

8. AGE: Years Months Days If less than one day
64 0 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....
12. Name..... George Williams
13. Birthplace..... Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Mississippi
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernie Ridgeway
(b) Address 4650 Evans Ave.

17. (a) Burial (b) Date thereof Nov. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
Russell Undt Co.

18. (a) Signature of funeral director.....
(b) Address 2732 Pine St.

19. (a) NOV 28 1942 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place) (e) Means of injury.....
23. Signature H. R. Williams (M. D.)
Address 1601 W. 11th Date signed 11/27/42

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

MOTHER FATHER

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 Joel Russell
Licensed Embalmer No. 4112

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.