

ED MAY 18 1943
 Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2310-A Cole
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 7-years-
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 921
 (d) Street No. 2310-A Cole 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day May
 year 1943 hour 9-45 minute 20 M.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced, Widowed
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug- 6 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-6 1943 to 5-6 1943, 1938
 that I last saw her alive on May 6 1943, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 0
 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
 Duration _____

9. Birthplace Galesco MO-1
(City, town, or county) (State or foreign country)

Due to Myocarditis (Dilated) & ms
 Due to 7 Interstitial
 Other conditions from Chl. Myocarditis
(Include pregnancy within 3 months of death)

10. Usual occupation at home
 11. Industry or business _____
 12. Name not known
 13. Birthplace " " 9
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace " " 9
(City, town, or county) (State or foreign country)

Major findings: 131
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Laura T. Mitchell
 (b) Address 2310-A Cole
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43
(Month) (Day) (Year)
 (c) Place: burial or cremation father's Dickson
 18. (a) Signature of funeral director J. Lewis
 (b) Address 22 Euclid Webster Grove
 19. (a) MAY 10 1943 (b) J. F. Brewster
(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 5-6-43
 (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?
 While at work? Yes (Specify type of place) (e) Means of Injury _____
 23. Signature J. F. Brewster (M. D. or other) _____
 Address 2310-A Cole Date signed 5-11-43

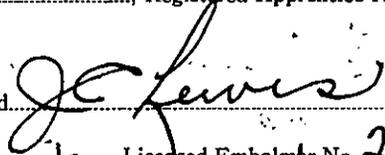
STATEMENT BY LICENSED EMBALMER

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. 2027

P. O. Address Webster Avenue 7

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.