

FILED OCT 22 1943  
318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8912**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(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. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Rose C. Clarke**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Boone W. Clarke** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **February 5 1870**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Herman Tellman**

13. Birthplace **Unavailable Holland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Dorman**

15. Birthplace **Unavailable Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Clarke**  
(b) Address **4225 West Pine Blvd.**

17. (a) **Burial** (b) Date thereof **10/9/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**  
(b) Address **4700 Washington Blvd.**

19. (a) **OCT 9 1943** (b) **J. F. Prudeck**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 19**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4225 West Pine Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6**  
year **1943** hour **10 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **September 30**, 19**43**, to **October 6**, 19**43**  
that I last saw her alive on **October 6**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension**  
**cardio-**

Due to **vascular disease** **2**  
**years**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **6**

23. Signature **Augustus P. Minnich** (M. D. or other)  
Address **306 Humboldt Bldg** Date signed **Oct 8**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *Albert G. Hoff* .....  
Licensed Embalmer No..... *2971* .....  
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.**