

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18697

State File No.

FILED MAY 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4888

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3524a Juniata Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3524a Juniata Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Clarabelle Clark

3. (b) If veteran, name war. -----

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1947 hour 3 minute 45 P.M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Oliver

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 7th, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-5-47, 1947, to 5-13-47, 1947
that I last saw her alive on 5-13-47, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	9	6	hr. min.
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Immediate cause of death Cerebral Hemorrhage

Due to hypertension & diabetes

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

10. Usual occupation Housewife

Due to Diabetes

Other conditions Diabetes
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name John Burneson

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hawk

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Due to.....

Major findings:
Of operations.....

Of autopsy.....

16. (a) Informant Oliver Clark

(b) Address 3524a Juniata, St. Louis, Mo.

17. (a) burial (b) Date thereof May 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Wacker-Beckle U & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 13 1947 (b) J. F. Breder
(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?
.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Burton Bohannon (M. D. or other) M.D.
Address 2607 S. Grand Date signed 5/14/47

(Licensed Embalmer's Statement on Reverse Side) Burton Bohannon

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

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.....

Frank J. Hand
2675
St Louis Mo

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.