S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43580

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11841

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: Peoples Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St Clair
(c) City or town Brooklyn 999
(If outside city or town limits, write "RURAL")
(d) Street No. 214 Rear Washington St 11
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country 2

3. (a) PRINT FULL NAME Clara Washington

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex 2 3 Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 2 (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Nathez (City, town, or county) Miss. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business at Home
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Clara Allen
15. Birthplace Miss. (City, town, or county) (State or foreign country) 1
16. (a) Informant Clara White
(b) Address 214 Washington St Loogoy Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill
18. (a) Signature of funeral director J L Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill.
19. (a) DEC 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1947 hour 10:15 minute a. M.
21. I hereby certify that I attended the deceased from Dec 20, 1947 to Dec 26, 1947 that I last saw her alive on Dec 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure due Myocarditis & Senility — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 0

23. Signature Edgar F. Nordson (M. D. or other) M.D.
Address 930 N. 2nd Date signed 12/27/47

(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 Thomas Marshall Dobson, Registered Apprentice No. 492, working under my personal supervision.

Signed Lyda Hughes

Licensed Embalmer No. 2938

P. O. Address 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.