

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5287

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 3934 N. 20th St. St. 1932
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Clark 462

(a) Residence, No. 2322 Hebert St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Fred T. Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fortuna
(STATE OR COUNTRY) Missouri

13. NAME Henry Thoss
14. BIRTHPLACE (CITY OR TOWN) Fortuna
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Francis Porter
16. BIRTHPLACE (CITY OR TOWN) Fortuna
(STATE OR COUNTRY) Missouri

17. INFORMANT Frank P. Eagan
(ADDRESS) 2825 N. 19th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton, Mo. DATE 2/25/38

19. FUNERAL DIRECTOR Charles J. Jones
(ADDRESS) 3934 N. 20th St.

20. FILED FEB 23 1938
J. D. Braddock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Feb. 22, 1938
I last saw him alive on Feb. 15, 1938 Death is said to have occurred on the date stated above, at 4:30 PM.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
arterio-sclerotic degeneration
Date of onset year
Other contributory causes of importance: hypertension
Date year

Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Arthur Sundach, M. D.
(Address) 2101 University St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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OCT 17 1947

STATEMENT BY LICENSED EMBALMER

I, Geo P Behubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo P Behubert

Licensed Embalmer No. 2212

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.)