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

Do not use this space.

9580

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. St. Lukes, Hosp. St. ..... Ward)

File No. .....

Registered No. 2079

2. FULL NAME Clara M. Sturges.

(a) Residence. No. 5707 McPherson 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas B. Sturges

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-15th 1863

7. AGE: Years 63. Months 3. Days 16. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sales Manager
(b) General nature of industry, business, or establishment in which employed (or employer): American Educational
(c) Name of employer: Society

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Merimac Wisc.

PARENTS
10. NAME OF FATHER: Wm. Trail.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England.
12. MAIDEN NAME OF MOTHER: Sarah Pigg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Miss L. Sturges.
(Address) 5707 McPherson.

15. FILED ..... 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch, 1st, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1927, to Feb 28, 1927, that I last saw her alive on Feb 28, 1927, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Intestines (metastatic)
(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Uterus
(duration) 5 yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Exam.

(Signed) Fred. J. Tausig, M. D

, 19 (Address) 3519 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clarks, Neb.
DATE OF BURIAL: Mch, 3rd 1927.

20. UNDERTAKER: C. R. Lupton.
ADDRESS: Olive Street #4449

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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