

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

Do not use this space.

25919

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. John Hospital)
 File No. Registered No. 7535
 St. Ward)

2. FULL NAME

Elig Clemens Clarke
 (a) Residence. No. Buckingham Hotel St. 12 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lieut. Robert H. Clarke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 4th 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>11</u>	<u>18</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Dr. James M. Clemens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wichita
 (STATE OR COUNTRY) Ks.

12. MAIDEN NAME OF MOTHER Helen W. Clemens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mary C. Clemens
 (Address) Buckingham Hotel

15. FILED AUG 23 1927 Mary C. Starckoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from 8:30 15 1927, to Aug 22 1927, that I last saw her alive on Aug 22, 1927, and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver, Secondary
To Carcinoma of Breast
50 (duration) yrs. mos. 30 da.
 CONTRIBUTORY Myocarditis Chronic
 (SECONDARY) 49 (duration) 1 yrs. mos. da.

18. WHETHER DISEASE CONTRACTED At Home
 AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 11 1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examina
 (Signed) WPClinch M. D.

8/23, 19 (Address) 618 University Club Bldg.

*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 Calvary DATE OF BURIAL Aug 25 1927

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

Carcinoma of Breast

WRITE IN INK 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.

