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

Do not use this space.

29001

File No. 8567

Registered No.

1. PLACE OF DEATH

County

Registration District No. [illegible]

Township

Primary Registration District No.

City St. Louis, Mo. (No. 3706a Wyoming Street. St. Ward)

2. FULL NAME Clara Masek

(a) Residence. No. 3706a Wyoming Street St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph F. A. Masek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 27, 1881.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	7	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Frank Miller

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

12. MAIDEN NAME OF MOTHER Annie Woerster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Joseph Masek
(Address) 3706a Wyoming

15. FILED 22, 19 Max C. Starkey Jr. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 20th 1928.

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927 to Aug 20, 1928 that I last saw her alive on Aug 18, 1928 and that death occurred, on the date stated above, at 10:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Chronic Interstitial
131 nephritis
93c (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12900 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests

(Signed) Joseph Davie M.D.

Aug 21, 1928 (Address) Century 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 Sunset Burial Park

DATE OF BURIAL Aug. 23, 1928.

20. UNDERTAKER Wacker-Heldorle

ADDRESS 2331 S. Bridway