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

Do not use this space.
7957

1. PLACE OF DEATH
County St. Louis Registration District No. 1170 File No.
Township Central Primary Registration District No. 624814 Registered No.
City Richmond Hts Mo. (No. St. Marys Hospital St. Ward)

2. FULL NAME Clara Marie Williams
(a) Residence. No. 2217 Richert Ave. St., 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 Clarence Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1889.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
30	6	1	

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, Mo.
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER Jefferson D. Rouse
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTY) Missouri
12. MAIDEN NAME OF MOTHER Amy Odell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTY) Missouri

14. INFORMANT Clarence Williams
(Address) 2217 Richert

15. FILED 2/19, 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1928, to Feb. 16, 1929, that I last saw h. alive on Feb 16th, 1929, and that death occurred, on the date stated above, at 1.40 A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
719 [illegible]
(duration) yrs. 2 mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2217 Richert St Louis
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) [illegible], M. D
2-17-, 1929 (Address) Maplewood Mo

*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 Bond, Mo. DATE OF BURIAL Feb. 19, 1929.
20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5916 Easton

1511 Pleasanton Ave

MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Louis Registration District No. 1170 File No.
Township Primary Registration District No. 6248 H Registered No. 53
City R. Heights (No. , St. Ward)

2. FULL NAME Clara Marie Williams
(a) Residence. No. St., 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)
F	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 - 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	6	1	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 4/6, 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 16 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-7957