

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

Do not use this space.

26118

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 3403
City St. Louis (No. 5814) Maple Ave St. _____ Ward _____

File No. _____
Registered No. 7314
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frederick Hausgen</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10-1843</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. at Home
(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)
Maryland

PARENTS	10. NAME OF FATHER <u>Patrick Clarke</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Eun Kelly</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Fred W Hausgen
(Address) 5814 Maple Ave

15. FILED 13 1929 Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1929
17. I HEREBY CERTIFY, That I attended deceased from 7-1- 1929 to 7-11 1929
that I last saw her alive on 7-11 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
930 Myocarditis - Chronic
1100 (duration) 5 yrs. ___ mos. ___ ds.
CONTRIBUTORY (SECONDARY) Athetosis
(duration) ___ yrs. 6 mos. ___ ds.

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? Physical Exam.
(Signed) David B. Lawton, M.D.
7/12 1929 (Address) Frisco Bldg, St. Louis

*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 Cabany DATE OF BURIAL 7-15 1929
20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Wash 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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Dr. H. C. ...

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