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

Do not use this space.

35250

File No. 9988

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Christian Hospital St.)

Registration District No. 791

Primary Registration District No. 7083

2. FULL NAME Clara Eugenia Naylor

(a) Residence. No. 4543 Olive St. 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	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick W. Naylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 3, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	7	7	

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) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John J. Wolff

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

12. MAIDEN NAME OF MOTHER Clara Wolff

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

14. INFORMANT Mrs. Reno H. Naylor
(Address) 4543 Olive St.

15. FILED ..., 19... Mauel Starkloff
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929, to Oct. 10, 1929, that I last saw her alive on Oct. 9, 1929, and that death occurred, on the date stated above, at 10:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1st Cerebral Hemorrhage
97

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis

(duration) yrs. 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) Walter J. Mellies, M.D.
10-10, 1929 (Address) 4319 Lee

*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 Bellefontaine

DATE OF BURIAL Oct. 12 1929

20. UNDERTAKER Math Hermann & Son

ADDRESS 2161 E. Fair Ave.

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.

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