1126 Sidney
Do not use this space

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

38805

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11227

City St Louis Mo (No. 1226 Lami St. ..... Ward)

2. FULL NAME Clara Wicks Standfast

(a) Residence. No. 1226 Lami St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 B. Standfast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-9-1879

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
50	5	8	

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) Pittsburg (STATE OR COUNTRY) Pa.

PARENTS
10. NAME OF FATHER Wm Cameron
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Margarete Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penna.

14. INFORMANT Edison Wicks
(Address) 1226 Lami St. St Louis Mo

15. FILED NOV 18 1929, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-3, 1929, to 11-17, 1929, that I last saw her alive on 11-17, 1929, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93 C Cerebral Hemorrhage (stroke)
93 D Chr Myocarditis c̄ decompensation
82 A
..... (duration) ..... yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Terminal hypostatic Pneumonia no Lobar or Broncho #103. (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
① DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Neurological + Clinical
(Signed) William H. Broeder, M. D.
11/17, 1929 (Address) 1126 Sidney St

*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
Pittsburg Penna	11-19 1929

20. UNDERTAKER	ADDRESS
Weick Bros	2201 So Grand

WRITE PLAINLY, 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.

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