

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

Do not use this space.

24998

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1002**  
 City **St. Louis** (No. **3065**) **Thomas** St. .... Ward)

File No. ....  
 Registered No. **7170**

**2. FULL NAME**

**Susan Clark**  
 (a) Residence. No. **3065 Thomas** St., **21** Ward.  
 (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.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female**  
 4. COLOR OR RACE **Col.**  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt 1855**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**abt 75**  
 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

**2**  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **7-15-1930**  
 17. I HEREBY CERTIFY, That I attended deceased from **June 6** 19**30**, to **July 11** 19**30**, that I last saw him alive on **July 14** 19**30**, and that death occurred, on the date stated above, at **5:00 P. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Apoplexy**  
**Cerebral Hemorrhage**  
**9.5 R**  
**9.2 A** (duration) yrs. mos. ds.  
 CONTRIBUTORY **Hypertension of Heart** (SECONDARY)  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **at home**  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**  
 (Signed) **Wm J. Mueller, M. D.**  
**11-20-1930** (Address) **2335 Franklin**

9. BIRTHPLACE (CITY OR TOWN) **Georgia** (STATE OR COUNTRY)  
 10. NAME OF FATHER **Unknown**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER **Unknown**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

14. INFORMANT **Courtney Johnson** (Address) **3065 Thomas St.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Jefferson Barracks** DATE OF BURIAL **7/19 1930**  
 20. UNDERTAKER **W. Roberts** ADDRESS **3035 Lucas**

15. **JUL 19 1930** FILED **19** **Wm J. Mueller** REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

