

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

Do not use this space.

34283

1. PLACE OF DEATH

County..... Registration District No. 715
 Townshp..... Primary Registration District No. 10005
 City St. Louis (No. City Hospital) St. Ward

File No.
 Registered No. 9634
 St. Ward

2. FULL NAME

(a) Residence. No. 4901 Paxton St. 6 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1930

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

17. I HEREBY CERTIFY That I attended deceased from Oct 4 1930 to Oct 7 1930 that I last saw her alive on Oct 7 1930 and that death occurred, on the date stated above, at 5:50 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 2

Arterio-sclerosis.
9452
97 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Thrombosis of Coronary Artery
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER

Samuel Clark

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

20. WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER

Maudy Campbell

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Pathology

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

(Signed) Raymond Jacobs M. D.

14. INFORMANT

(Address) City Hospital

107 130 (Address) City Hospital

15. FILED

19 Nov 10 1930 Miss Starkton REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cap Grove DATE OF BURIAL Oct 10 1930

20. UNDERTAKER

Bronschberg and Co ADDRESS 420 N. Howard

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

Waters