

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

Do not use this space.

38092

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo. (No. ....) Sanitarium (Ward) .....

File No. ....

Registered No. **11246**

**2. FULL NAME** Clara Barber

(a) Residence. No. .... St. B Ward. St. Louis County Mo.  
(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**

Female

**4. COLOR OR RACE**

white

**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)**

Unknown

**7. AGE**

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, .... hrs. or .... min.

About 78

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....

Unknown

(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)

Missouri

**PARENTS**

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14. INFORMANT**

(Address)

Herbert P. Smith and 5400 Arsenal Street

**15. NOV 29 1930**

FILED

REGISTRAR

**20 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 20 1930

**17. HEREBY CERTIFY, That I attended deceased from** July 1st, 1930 to Nov 20th, 1930 that I last saw her alive on Nov 19th, 1930, and that death occurred, on the date stated above, at 9 45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
1600 (duration) 4+ yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

Senile Dementia  
(duration) 4+ yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

(LOCAL PLACE OF DEATH) Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHY TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Herbert P. Smith, M. D.

Nov 20, 19 30 (Address) 5400 Arsenal 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**

Washington U.

11-24 1930

**20. UNDERTAKER**

**ADDRESS**

Walter Richter

3500 Rutger 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.

