

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

Do not use this space.

3741

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City St. Louis, Mo. No. 5325, Manchester Ave (Ward)

File No.....
 Registered No. 1 982

2. FULL NAME

(a) Residence. No. 5325 MANCHESTER AV. #4, 4 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 <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CARL H. NEFF</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July - 15 - 1862</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife 23</u> (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) INDIANA

PARENTS	10. NAME OF FATHER <u>BROWER H. CLARK</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known. ?</u>
	12. MAIDEN NAME OF MOTHER <u>Not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known.</u>

14. INFORMANT. CARL H. NEFF
 (Address) 5325 MANCHESTER AVE.

15. FILED 26 1931
Max C. Standen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24, 1931
 17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 19..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
9 30 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) John J. Murray M.D.
1/26 1931 (Address) Deputy Coroner.

*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
St. Matthews GEMETERY 1/27 1931

20. UNDERTAKER ADDRESS
CROGHAN UND. Co. INC. Manchester Ave.

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.

