

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

Do not use this space.

20056

File No. \_\_\_\_\_  
Registered No. **6089**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis Mo (City Hospital # 2)

**2. FULL NAME**

(a) Residence. No. 815 N 7th St. 25 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>Col</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>Thomas Clark</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
<u>abt. 48</u>					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work _____					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u>					
(c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>					
PARENTS	10. NAME OF FATHER <u>unknown</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>				
	12. MAIDEN NAME OF MOTHER <u>Catherine Schowen</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>				
14. INFORMANT <u>A. Alton Clark</u> (Address) <u>City Hosp #2</u>					
15. FILED <u>29</u> 19 <u>31</u> REGISTRAR <u>W. C. ...</u>					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21- 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/21, 1931 to 5/21, 1931 that I last saw her alive on 5/21, 1931 and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

108  
Lobar Pneumonia  
(duration) ..... yrs. .... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 108  
(duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Henry Hampton, M. D.  
(Address) City Hosp #2

\*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 5/24 1931

20. UNDERTAKER W. C. ... ADDRESS \_\_\_\_\_

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.

