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.

NOV 28 1931

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

Do not use this space.

35681

1. PLACE OF DEATH
County St Louis — Registration District No. 1170
Township — Primary Registration District No. 6248H
City Richmond Heights Mo. (No. St Marys Hospital St. Ward)
File No.
Registered No. 244

2. FULL NAME Sister M Clara (Wilhelmina Harber
(a) Residence, No. St Marys Hospital St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 1848

7. AGE: Years 83 | Months 5 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Marys Sisters
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoppstedt Prussia Germany

FATHER
13. NAME Gerhard H Harber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Engeline Abeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Evelyn Stmary Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 15 1931

19. UNDERTAKER (ADDRESS) Thos J Finan 1349 S Grand

20. FILED Oct 14 1931 C B Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-9-31, 19..., to 10-12-31, 19...
I last saw her alive on 10-12-31, 19..... Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uremia - 131	
130	
97	

Other contributory causes of importance:
Coronary Sclerosis
Chronic Nephritis

Name of operation None Date of —
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....

(Signed) Romuald Schmitz, M. D.
(Address) 4500 Clayton