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.

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

Do not use this space.

39338

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10C3

City ST. LOUIS MO. (No. 3737, MAFFITT AVE. St. ..... Ward)

File No. .....

Registered No. 11527

2. FULL NAME CLARENCE O. SKINNER.

(a) Residence, No. 3737 MAFFITT AVE. 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: MALE.

4. COLOR OR RACE: WHITE.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/14/1858

7. AGE: Years 73 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BILL POSTER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GENERAL OUT DOOR ADV. CO.

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) MICHIGAN.

FATHER

13. NAME HENRY SKINNER.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN.

MOTHER

15. MAIDEN NAME MARY DELANEY.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN.

17. INFORMANT Kate Skinner
(ADDRESS) 3737 Maffitt Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 11-18, 1931

19. UNDERTAKER Provost Lud Co
(ADDRESS) 3710 N Grand Blvd.

20. FILED NOV 17 1931, 19 Mae E Hamlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1931, to Nov 16, 1931

I last saw him alive on Nov 16, 1931. Death is said to have occurred on the date stated above, at 2-10 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Hemorrhage	
82 A	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Reflex 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? .....

If so, specify .....

(Signed) Ulrich Hiller M. D.

(Address) 2904 Lemay Av
Val Ev 1852