

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

Do not use this space.

6403

1. PLACE OF DEATH

County.....

Registration District No. 79W

Township.....

Primary Registration District No. 25455

City St. Louis, Mo. (No. Jewish Hospital)

File No.

Registered No. 1440

St. Ward)

2. FULL NAME Etta - Clark

(a) Residence, No. 589 E. Lotus Ave. St., 6 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>about 63</u>	<u>-</u>	<u>-</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'

10. Date deceased last worked at this occupation (month and year) Jan. 11, 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia²³

13. NAME Ora - Leah - Shapiro

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

15. MAIDEN NAME Etta (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Sarah Zabrack (ADDRESS) 589 E Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesnut Hill DATE Feb 14, 32

19. UNDERTAKER Richard L. Parnell, Undertaker (ADDRESS) 4525 Eastman Ave.

20. FILED FEB 14 1932 REGISTRAR M. C. Barker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from 1 - 11, 1932 to 2 - 12, 1932

I last saw her alive on 2 - 12, 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Acute Pulmonary Edema
Acute Bronchitis
1060

Name of operation Date of
What test confirmed diagnosis? 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 ①

24. Was disease or injury in any way related to occupation of deceased?
If so, specify L. E. Parnell M. D.

(Signed) Jewish Hospital (Address)

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.

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1/2/91