

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

Do not use this space.

✓ 21513

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 4909, St. Louis Ave St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 4909 St. Louis St., _____ Ward _____
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1852</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wagner Pickle Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>1920</u>		11. Total time (years) spent in this occupation <u>46</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
13. NAME <u>Samuel Clark</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
15. MAIDEN NAME <u>Hannah Fitcher</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland Pa</u>		
17. INFORMANT (ADDRESS) <u>Anna Clark 4905 St. Louis Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine Cem</u> DATE <u>June 30, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Friedmann Hannal 1905 Union Blvd</u>		
20. FILED <u>LN 29 1932</u> <u>Wm C. Markley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY That I attended deceased from April 10th, 1932, to June 28th, 1932
 I last saw h. alive on June 28th, 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

<u>Arteriosclerosis</u>	Date of onset
<u>Chronic Myocarditis</u>	

Other contributory causes of importance:
None

Name of operation none Date of _____
 (What test confirmed diagnosis? at autopsy 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) H. J. Kuntzhaus, M. D.
 (Address) 4607 Eastern 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.

NO. 2

Dr J B McKeenan

4607 Easton

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