

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

Do not use this space.

24031

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6148B
 City Jefferson Barracks, Mo. U.S.V.A. Hospital, Jefferson Barracks, Mo. (Ward)

2. FULL NAME Clarence H. Bales

(a) Residence, No. 1018 Rutger Str., St. Louis, Mo. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred UN yrs. KN mos. OWN 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 Married.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha A. Bales.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1899
 7. AGE YEARS 32 MONTHS 10 DAYS 26
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Man.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Police Department.
 10. Date deceased last worked at this occupation (month and year) March 1932.
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable, Missouri.

13. NAME Ebe Bales.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri.

15. MAIDEN NAME Fara (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky.

17. INFORMANT C. H. Smith, Registrar
 (ADDRESS) U.S.V.A. Hospital, Jefferson Barracks

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE July 15, 1932

19. UNDERTAKER C. Hoffmeister & Co.
 (ADDRESS) 10 7814 So Broadway

20. FILED 7/17 1932 L. C. Obrock, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932. 19 to July 13, 1932. 19

I last saw him alive on July 13, 1932 Death is said to have occurred on the date stated above, at 1:00 AM.

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

Septicemia, due to a short chain non-hemolytic streptococcus.

Other contributory causes of importance: V.H.D. aortic insufficiency; V.H.D. mitral insufficiency; Endocarditis, acute; Nephritis, acute with nitrogen retention.

Name of operation None. Date of operation
 What test confirmed diagnosis? Laboratory clinical manifestations and physical findings. 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) W. C. Gilkerson, M.D. Registrar
 (Address) U.S.V.A. Hospital, Jefferson Brks, Mo.

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.

AUG 17 1932

2 1/2 inches

1/2