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.

OCT 29 1932

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

Do not use this space.

30327

1. PLACE OF DEATH 96
County ~~Carondelet~~ St. Louis
Township St. Louis Carondelet
City Mo. (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. .....
Registered No. 321

2. FULL NAME Clara Bader
(a) Residence, No. 1941 Wright St. St. Louis, Mo. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
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) Jan. 19, 1908
7. AGE YEARS 24 MONTHS 8 DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Factory 5 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8 1
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) St Louis, Mo. 1

FATHER
13. NAME Zachery Bader.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Tillie Kirichhoff.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Hospital Records.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 9-28 1932
19. UNDERTAKER (ADDRESS) Brockland Und Co 1827 Hogan St
20. FILED Sept. 25, 1932 L. C. Obrock M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Sept. 25, 1932
I last saw her alive on Sept 23, 1932. Death is said to have occurred on the date stated above, at 5 35 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
23A
110B

Other contributory causes of importance:
Infected Pleural Effusion (At)

Name of operation Mg. Pl. Ex. Date of .....
What test confirmed diagnosis? Was there an autopsy? Yes

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) Melvin Teas, M. D.
(Address) Koch Hosp. Koch Mo.