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.

42445

1. PLACE OF DEATH

County ..... Registration District No. 1701 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 11577

City St. Louis (No. City Hospital #1 St. ..... Ward)

#14674

2. FULL NAME Coletta Clark

(a) Residence, No. 965 Elias Av St., 1 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Elmer L Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	4	25	

OCCUPATION

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) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 1

FATHER

13. NAME Frank Plumpe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 1

MOTHER

15. MAIDEN NAME Celia Semper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

17. INFORMANT (ADDRESS) Hospital Information Gladys Hempel City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 28, 1932

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E Fair Ave

20. FILED DEC 27 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1932, to Dec 25th, 1932

I last saw her alive on Dec 25th, 1932 Death is said to have occurred on the date stated above, at 12:00 A.m.

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

	Date of onset
Pulm. Tuberculosis	
22 A	
23	

Other contributory causes of importance:

Tuberculous enteritis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) Maurice A Diehr, M. D.

(Address) City Hospital #1