

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

Do not use this space.

15396

**1. PLACE OF DEATH**

County St. Charles Registration District No. 802  
 Township Boonville Primary Registration District No. 4481  
 City Boonville (No. ....) St. .... Ward)

**2. FULL NAME**

John C. St. Clair  
 (a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Stella St. Clair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 1865

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

10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

13. NAME John St. Clair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

15. MAIDEN NAME Lucinda Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT (ADDRESS) Emma St. Clair

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE Sept 12 1933

19. UNDERTAKER (ADDRESS) Robert & Moore

20. FILED Apr 19 1933 J.B. Bridges Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6 1933 to April 10 1933

I last saw him alive on April 10 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Fracture neck femur  
Gastric Ulcers  
developed pneumonia  
fracture hip  
accident at Fall

Other contributory causes of importance:

Name of operation 1860 Date of .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Broken leg Date of injury March 6 1933

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture neck femur Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify at home

(Signed) J. E. Grwig M. D.  
 (Address) Boonville 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.

MAY 24 1933

