

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City St. John's Station 2758 Walton Road St. _____ Ward _____

File No. 17676
 Registered No. 145

2. FULL NAME

Anna May Mc Clendon
 (a) Residence, No. 2758 Walton Road 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mc Clendon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 2 25

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.

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) Ohio

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mathe Schall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Martha Mc Clendon
2758 Walton Road

18. BURIAL, CREMATION, OR REMOVAL Bethenia cemy DATE May 12, 1933

19. UNDERTAKER (ADDRESS) Geo. W. Clark
1125 Hodiamont

20. FILED 5-10 1933 Archie Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to May 9, 1933
 I last saw him alive on May 9, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis
 Other contributory causes of importance:
Carcinoma of sigmoid

Name of operation 460 Date of _____
 What test confirmed diagnosis? Yes 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) Arnold H. Winger, M. D.
 (Address) 3900 St. Louis Rd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1933

St. John station