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.

18041

File No. 4240

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 4323, Bates St. ..... Ward)

2. FULL NAME Clara Deister

(a) Residence, No. 4323 Bates St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	2	13	

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.

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.

FATHER

13. NAME Herman Meyer

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

MOTHER

15. MAIDEN NAME G. Wornhoff.

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

17. INFORMANT Charles Deister
(ADDRESS) 4323 Bates

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE May 13, 1933

19. UNDERTAKER Hy Leidner Mfd Co
(ADDRESS) 1017 N Market St.

20. FILED MAY 13 1933, 19 [illegible] Registrar.

5 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 30, to May 11, 33

I last saw he alive on May 10, 1933. Death is said to have occurred on the date stated above, at 6-A m.

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

	Date of onset
Hy Prostatic Tremor	May 8/33
Mitral Regurgitation	
124 B 131	
9 VII	

Other contributory causes of importance

Chronic Nephritis, 1930	Sept
Cerebral Thrombosis, 1930	"
Senile Dementia 1931	June

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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) Bernard J. Steigel, M. D.

(Address) 1901 Max