

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

Do not use this space.

18468

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **103**
City *St. Louis Mo.* (No. *5966² Theodore*)

File No.....
Registered No. **4728**
St..... Ward.....

2. FULL NAME *Gertrude Clark*

(a) Residence, No. *5966² Theodore* St. *7* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Herbert J. Clark</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 16 - 1892</i>				
7. AGE	YEARS <i>40</i>	MONTHS <i>7</i>	DAYS <i>12</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>St. Louis Mo</i>				
FATHER	13. NAME <i>Albert Egli</i> 0			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>			
MOTHER	15. MAIDEN NAME <i>Mellie Flynn</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>			
17. INFORMANT <i>Herbert J. Clark</i> (ADDRESS) <i>5966² Theodore</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peters & Pauls</i> DATE <i>May 30, 1938</i>				
19. UNDERTAKER <i>W. J. Leidner</i> (ADDRESS) <i>1417¹ Market St.</i>				
20. FILED 1 <i>J. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 15, 1938* to *5-28-38*, 1938
I last saw her alive on *3-27-*, 1938 Death is said to have occurred on the date stated above, at *6:30 A.M.*
The principal cause of death and related causes of importance were as follows:
MI Atherosclerotic Coronary Arterial Disease
Other contributory causes of importance: *Chronic Endocarditis*

Name of operation *no* Date of.....
What test confirmed diagnosis? *Syncope* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury....., 19.....
Where did injury occur? *none*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *none*
Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *W. J. Leidner*
(Address) *2583³⁰ Grand*

WRITE PLAINLY WITH UNFADING INK---THIS IS A LEGAL DOCUMENT

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 26 1954