

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.

SEP 13 1934

31121

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **Saint Louis** (No. **4602 Cottage Avenue**)

File No. ....  
Registered No. **8418**  
St. .... Ward)

2. FULL NAME **Rena DeClue**

(a) Residence, No. **4602 Cottage Avenue** St., **11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. MARRIED, WIDOWED, OR DIVORCED BY DEED OF MARRIAGE OF (OR) WIFE OF **Joseph DeClue**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown** T862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**est. 72**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
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) **August 1, 1934.** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Unavailable**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable**

15. MAIDEN NAME **Unavailable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable**

17. INFORMANT (ADDRESS) **Lela DeClue 4602 Cottage Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Washington Park Aug 18, 1934**

19. UNDERTAKER (ADDRESS) **Charles J. Bates 4107 Finney Avenue**

20. FILED **G 17 1934** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 15, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 5**, 1934, to **August**, 1934

I last saw her alive on **August 15**, 1934. Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

**Diabetes Mellitus** Date of onset **59**

**171** **101**

Other contributory causes of importance: **Heart exhausted**

Name of operation..... 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 **Crawwhite**

(Signed) **Crawwhite**, M. D.

(Address) **919 North Taylor Avenue**

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