

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

Do not use this space.

31448

1. PLACE OF DEATH SEP 13 1934  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. City 2nd St 1) St. .... Ward) 1771  
 2. FULL NAME Clara Jentley  
 (a) Residence, No. 17374 St. Franklin Ward 95  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1870  
 7. AGE YEARS 63 MONTHS 9 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
 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) New Jersey  
 MOTHER FATHER: 13. NAME Charles Jentley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey  
 15. MAIDEN NAME Maggie Jentley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey  
 17. INFORMANT (ADDRESS) Harry Jentley, 17374 Franklin St, St. Louis  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 1, 1934  
 19. UNDERTAKER (ADDRESS) Geo M. Schaeffer, Calvary  
 20. FILED 19 34 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 8/27 1934 to 8/30 1934  
 I last saw him alive on 8/30 1934. Death is said to have occurred on the date stated above, at 12 noon in .....  
 The principal cause of death and related causes of importance were as follows:  
Cardiomegaly & Back Date of onset .....  
arteriosclerosis  
39  
151 lb  
 Other contributory causes of importance:  
Diabetes Mellitus 59  
 Name of operation dissection of Caruncle Date of 8/29  
 What test confirmed diagnosis? ..... 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? .....  
 If so, specify Cardiomegaly  
 (Signed) G. B. Seeger M. D.  
 (Address) City 2nd St 1

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.

