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

APR 29 1934

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

Do not use this space.

14397

File No.

Registered No. 3226

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hosp St. Ward)

2. FULL NAME Walter De Clue

(a) Residence, No. St., N R Ward. Old Mines Mo (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa De Clue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1867

7. AGE: Years 67 Months 4 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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) Washington Mo

FATHER

13. NAME Joseph De Clue

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

MOTHER

15. MAIDEN NAME Gavero.

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

17. INFORMANT John Purtell
(ADDRESS) Old Mines, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Soto Mo DATE 4-9 35

19. UNDERTAKER Albert H Hoppe Sr
(ADDRESS) 429 E English

20. FILED APR -8 1935, 19.... J. Bruecke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 20 p.m.

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

	Date of onset
Fractured Left Leg	
Fractured Rt Right Side	
received when struck by auto at Old Mines, Mo	
Died ...	

Other contributory causes of importance:
a Pedestrian
Accident

Name of operation ..... Date of .....

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? Accident Date of injury 3/27, 1935

Where did injury occur? Old Mines, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Fractured Left Leg

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harold R Schulz, M.D.

(Address) Sullivan Mo

4/8/35