MAR 12 1936

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

Do not use this space.

7858

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

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

City St Louis Mo (No. Barnes Hospital St. 1527 Ward)

2. FULL NAME Clara Ann Skeen

(a) Residence, No. 1824 Benton St., 26 Ward. (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: Female
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: Charles W Skeen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1, 1891

7. AGE: YEARS 44 MONTHS 4 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

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.: Hwf
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: Fred Holtrup
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mot Kruman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Charles W Skeen 1824 Benton Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: Febry 13, 1936

19. UNDERTAKER (ADDRESS): Hy Leidner Mfg. Co. 1417 N Market Str

20. FILED FEB 11 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1936, to 2-10, 1936

I last saw her alive on 2-10, 1936. Death is said to have occurred on the date stated above, at 9:45 a m.

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

	Date of onset
Rheumatic Heart disease	
Tricuspid + mitral Stenosis + insufficiency	
Cardiac Decompensation	
auricular fibrillation	

Other contributory causes of importance:
Cirrhosis of liver secondary to chronic passive congestion
Dorsal scoliosis + kyphosis

Name of operation ..... 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) Paul Kunkel, M. D.

(Address) BARNES HOSPITAL

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.