

FEB 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

76 County St. Louis,Township Central

City .....

Registration District No. 789Primary Registration District No. 6033(No. 8107 Winfield Ave. Ward 1)File No. 2954Registered No. 117 St. .... Ward)2. FULL NAME Frieda M. Clarke.(a) Residence, No. 8107 Winfield Ave. St. .... 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grafton P. Clarke.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1890.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>46</u>	<u>0</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....	<u>238</u>
	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) Illinois,13. NAME Oscar T. Smith.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.15. MAIDEN NAME Mary A. Garbs.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.17. INFORMANT Mrs. Grafton P. Clarke  
(ADDRESS) 8107 Winfield Ave18. BURIAL, CREMATION, OR REMOVAL  
PLACE Alton Ill. DATE January 9, 193719. UNDERTAKER Geo. L. Plighted Inc.  
(ADDRESS) 5266 East 7th Ave20. FILED 1-7- 19 37 W. A. Baechner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1937

22. I HEREBY CERTIFY That I attended deceased from

Sept 1925, to Jan 7 1937I last saw her alive on Jan 5 1937 Death is saidto have occurred on the date stated above, at 5 A. m.  
The principal cause of death and related causes of importance were as follows:

<u>Chrom myocarditis</u>	Date of onset
<u>with auricular fibrillation</u>	<u>1925</u>
<u>hypertoxiosis</u>	<u>1926</u>

Other contributory causes of importance:  
acute respiratory infection 1 week  
probably developed broncho  
pneumoniaName 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? .....

Date of injury .....

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) Walter F. Fisher M. D.

(Address) 3720 Washington

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.

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No. 1111. Ticket  
Beaver & Blay