

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... **St. Louis** (No. **DePaul Hospital,**

**FEB 3 1937** **791**  
Registration District No. ....  
Primary Registration District No. **1003**

File No. **3689**  
Registered No. **7224**  
St. .... Ward)

**2. FULL NAME**

**Mary Clarke,**  
(a) Residence, No. **5102 Aubert avenue** 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) **Widow**  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **John Clarke**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **9/2/1862**  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**74** **4** **14**

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** **Housework 2 30**  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** **At home**  
**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)** **England**

**FATHER**  
**13. NAME** **Martin Hanley**  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Ireland**

**MOTHER**  
**15. MAIDEN NAME** **Elizabeth Scanlon,**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Ireland**

**17. INFORMANT (ADDRESS)** **Joseph Clarke, 5102 Aubert avenue**

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE **Galvary Cem** DATE **Jan'y 19 37**

**19. UNDERTAKER (ADDRESS)** **Mark W. Dickman 3039 Easton avenue**

**20. FILED** **JAN 17 1937** **J. T. Bredeck Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **Jan'y 16, 19 37**

**22. I HEREBY CERTIFY, That I attended deceased from** **Jan 15**, 19**37**, to **Jan 16**, 19**37**  
I last saw him alive on **Jan 16**, 19**37**. Death is said to have occurred on the date stated above, at **5.40 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Broncho Pneumonia** **Influenza** **Date of onset 1/337**

**Other contributory causes of importance:** **11a**

**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)** **W. R. ... M. D.**  
**(Address)** **Our Club St.**

WRITE PRINTED, 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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