

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1008**
City _____ (No. **5408**, So. **BROADWAY**) St. _____ (Ward) _____

File No. **8141**
Registered No. **1589**

2. FULL NAME

CLARA ST. JEAN

(a) Residence, No. **5408, So. BROADWAY** St., **15** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **STEPHEN ST. JEAN.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 24 - 1899**

7. AGE YEARS **88** MONTHS **7** DAYS **11** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWIFE** 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) **AUSTRIA.**

FATHER 13. NAME **FRANK LUDWIG**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AUSTRIA.**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **S. L. ST JEAN** (ADDRESS) **4221 FLOOR BLVD**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUNSET BURIAL PAK** DATE **FEB 5** 1937

19. UNDERTAKER **JOS. PFENDLER JR.** (ADDRESS) **7129 MICHIGAN, KY.**

20. FILED **FE 35 1937** **J. E. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 4 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 1** 1931 to **Feb 4** 1937

I last saw h. **aw** alive on **Feb 4** 1937 Death is said to have occurred on the date stated above, at **6:30 AM.**

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

arteriosclerosis and ch - myocarditis

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) **M. Stabloff MD** M. D. (Address) **512 South St.**

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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