

APR 9 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. **1003**
City **Saint Louis** (No. **4340** **Enright Avenue,** St. Ward) **10292**
Registered No. **2861**

2. FULL NAME **Sallie A. Clark**

(a) Residence, No. **4340 Enright Avenue** St. **19** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 26th, 1858**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 8 16

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.
10. Date deceased last worked at this occupation (month and year) **1937** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Louisville**
(STATE OR COUNTRY) **Kentucky**

13. NAME **William Cutler**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Unavailable**

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

17. INFORMANT **John R. Clark**
(ADDRESS) **4340 Enright Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Louisville, Ky.** DATE **March, 18, 1937**

19. UNDERTAKER **Charles G. Bates**
(ADDRESS) **4107 Finney Avenue**

20. FILE **MAR 14 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 4** 19 **31** to **March 12**, 19 **37**

I last saw her alive on **March, 12**, 19 **37** Death is said to have occurred on the date stated above, at **7:45 A.M.**

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

Myocarditis, Chronic Date of onset **11-14-37**

Other contributory causes of importance:
Nephritis, Chronic
Anasarca caused by Heart Disease

Name of operation Date of
131

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? **No**
If so, specify

(Signed) **M. P. Curtis** M. D.
(Address) **219 North Jefferson Avenue**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1-22-36 I 2831

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.

2899
2899
2899

