

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.

APR 9 1937

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

Do not use this space.

791
1003

10357
2929

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. 3229 Ntl Bldg) St. Ward)

2. FULL NAME

CLARA HARDWIG
(a) Residence, No. 3229 Ntl Bldg St. 10 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph H Hardwig</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-16-1885</u>				
7. AGE YEARS <u>51</u>	MONTHS <u>7</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</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) <u>St Louis Mo</u>				
13. NAME <u>Wm Luebbeert</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
15. MAIDEN NAME <u>Johanna Luebbeert</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT <u>Joseph Hardwig</u> (ADDRESS) <u>3229 Ntl Bldg</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>3-12-37</u>				
19. UNDERTAKER <u>Sullivan 2249 N. 2nd St</u> (ADDRESS)				
20. FILED <u>MAR 16 1937</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to March 16, 1937
I last saw him alive on March 16, 1937 Death is said to have occurred on the date stated above, at 4:15 P m.
The principal cause of death and related causes of importance were as follows:
Cancer Bladder
Urinary
Date of onset

Other contributory causes of importance: 53 B

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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 Asst Sewing (Signed), M. D.
(Address) 2242 N. Louisiana

Registrar.

2349² St. Louis Ave
Dr. Sewing