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

MAY 31 1937

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 17667
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 106
City Richmond Heights (No. St. Mary's Hosp. St. Ward)

2. FULL NAME Kathleen Clark
(a) Residence, No. 4944 Tholozan 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 1937
7. AGE — YEARS: -- MONTHS: --- DAYS: 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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) Richmond Heights Missouri

FATHER
13. NAME Emmett Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Lois Faucett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio St Louis County

17. INFORMANT (ADDRESS) Emmett Clark 4944 Tholozan Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE S S Peter Paul DATE 4 24 37 19
19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 S. Kingshighway Bl.
20. FILED APR 24 1937 19 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1937, to Apr 23, 1937
I last saw her alive on Apr 23, 1937. Death is said to have occurred on the date stated above, at 2 30 P.m.
The principal cause of death and related causes of importance were as follows:
Spina Bifida — Date of onset
Congenital
Other contributory causes of importance:
157B
Name of operation none Date of
What test confirmed diagnosis? Auscultation Was there an autopsy? yes

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) J R Vaughan, M. D.
(Address) 634 No Grand

J.R.Vaughan, M.D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.