

JUN 12 1937

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, Mo (No. 791)

Registration District No. 1003
Primary Registration District No. 1003
Barnes Hosp.

File No. 18583
Registered No. 5159
St. Ward

2. FULL NAME Clara Halbert Needles

(a) Residence, No. St. 7 B Ward. Granite City, Ill
(Usual place of abode)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry M. Needles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 10

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) 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleveille Illinois

13. NAME Robert Halbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleveille Illinois

15. MAIDEN NAME Emma Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleveille Illinois

17. INFORMANT (ADDRESS) Worthy Singer Granite City, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Stallville DATE 5-22 1937

19. UNDERTAKER (ADDRESS) J. E. Mercer Granite City, Ill

20. FILED 24 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-16 1937, to 5-20 1937

I last saw her alive on 5-20 1937 Death is said to have occurred on the date stated above, at 4:12 p.m.

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

Embolism cerebral
cerebral hemorrhage
Hypertension
Date of onset 5-9

Other contributory causes of importance:
Auricular fibrillation
Cardiac decompensation
Hypertension

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) G. B. Bradley, M. D.

(Address) BARNES HOSPITAL

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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