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.

AUG - 5 1937

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

791

Do not use this space.

File No. 25673

Registered No. 6851

Registration District No. 1008

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS (No. ST. ANTHONY'S HOSPITAL St. Ward)

2. FULL NAME KITTY A. CLARK

(a) Residence, No. 3718a LOUISIANA AVE. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WM. H. CLARK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 6, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	3	9	

OCCUPATION

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. 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) SUBLETTE MO.

FATHER

13. NAME JOHN T. FLOYD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME CATHERINE BRANDSTETTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT GLEN CLARK
(ADDRESS) 3718 a LOUISIANA AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE JULY 19, 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) ~~#3029 LAFAYETTE AVE.~~

20. FILED JUL 17 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 15, 1937

22. I HEREBY CERTIFY That I attended deceased from July 15, 1937, to July 15, 1937

I last saw him alive on July 15, 1937. Death is said to have occurred on the date stated above, at 9.10 pm

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

Mesenteric Thrombosis

Date of onset

Other contributory causes of importance

Name of operation no Date of —

What test confirmed diagnosis? Post mortem Was there an autopsy? no

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) Martin J. Glaser M. D.

(Address) 606 Olive St.