

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 2601)N Whittier

File No.....

25772

Registered No.....

6946

St. Ward)

2. FULL NAME Sallie Clark

(a) Residence, No.

2936a Lawton

St.

21

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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

Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Perry Clark

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

Sept. 15, 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

64102

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

nil

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)

Kentucky

13. NAME

Sam Jones

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

Virginia

15. MAIDEN NAME

Fannie Burks

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

Kentucky

17. INFORMANT (ADDRESS)

Evelyn Williams
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father Dickson

DATE

July 23, 1937

19. UNDERTAKER (ADDRESS)

F. L. Green
2915 Franklin Ave

20. FILED

21 1937

19

J. P. Prebeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 193722. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 17, 1937I last saw her alive on July 17, 1937 Death is saidto have occurred on the date stated above, at 8:46^a a.m.

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

Arteri osclerotic Heart Disease

Date of onset

7/17/37

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis Clinical 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?

If so, specify.....

(Signed) W. L. Lewis, M. D.(Address) 2601 N Whittier

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.

