

SEP 10 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Jewish Hospital**) ..... St. ..... Ward)

 File No. **29181**  
 Registered No. **7814**  
 St. ..... Ward)

## 2. FULL NAME

Clara E. DeWick

 (a) Residence, No. **4631 Westminster Place** St. **12** Ward. (If nonresident, give city or town and State)  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Divorced</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>George DeWick</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 11, 1899</b>				
7. AGE <b>34</b>	YEARS <b>38</b>	MONTHS <b>4</b>	DAYS <b>7</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Press Opr. Laundry</b>			
	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

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 18<sup>th</sup>** 19**37**22. I HEREBY CERTIFY, That I attended deceased from **August 17<sup>th</sup>** 19**37**, to **August 18<sup>th</sup>** 19**37**I last saw her <sup>or</sup> alive on **August 18<sup>th</sup>** 19**37**. Death is saidto have occurred on the date stated above, at **9:30 p.m.**

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

 Primary **Melanosarcoma of heel of foot**  
 Metastatic sarcoma

Other contributory causes of importance:

**General cachexia****Secondary anemia**Name of operation **Bopsy of Gland** Date of **June 9<sup>th</sup> 1937**What test confirmed diagnosis? **Pathological Report** 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 **1**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Max Greenberg**, M. D.(Address) **Jewish Hospital**

MOTHER	12. BIRTHPLACE (CITY OR TOWN) <b>St. Louis</b> (STATE OR COUNTRY) <b>Mo.</b>
	13. NAME <b>James Weldon</b>
	14. BIRTHPLACE (CITY OR TOWN) <b>St. Louis</b> (STATE OR COUNTRY) <b>Mo.</b>
	15. MAIDEN NAME <b>May Johnson</b>
	16. BIRTHPLACE (CITY OR TOWN) <b>Rolla</b> (STATE OR COUNTRY) <b>Mo.</b>
17. INFORMANT <b>Mrs. Kathryn Weldon</b> (ADDRESS) <b>4631 Westminster Place</b>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cem.</b> DATE <b>Aug. 21, 1937</b>	
19. UNDERTAKER <b>Arthur J. Donnelly Undt. Co.</b> (ADDRESS) <b>3840 Lindell Blvd.</b>	
20. FILED <b>AUG 13 1937</b> <b>J. Bredek</b> Registrar.	

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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11/11/11