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.

REC'D APR 1 1938

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

3

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 8729

Township ..... Primary Registration District No. ..... Registered No. 2318

City St Louis (No. Bethesda Home St. ..... Ward)

2. FULL NAME Paul Clerc 462

(a) Residence, No. 4358 Vista St., ... Ward. 18 (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: Male
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 27, 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St Louis Mo 0

FATHER

13. NAME Paul Clerc 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Hulda Ritzman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Paul Clerc 4358 Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE 3-8 1938

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4104 Manchester AVE.

20. FILED MAR 8 1938 19 J. V. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1938, to 3-5-, 1938

I last saw him alive on 3-5-, 1938 Death is said to have occurred on the date stated above, at 10:10 P.m.

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

	Date of onset
Gastro-Enteritis	3/2/38
119b	
Other contributory causes of importance: Broncho-Pneumonia	3/4/38

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam 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 1

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. D. Edwards, M. D.

(Address) 4030 Chouteau Av.

Reinhold K. Lehmann
3395