REC'D JUN 9 1938

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

16564
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4425
(c) City St. Louis, Mo (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilson, Clara 4 25
(a) Residence, No. 3938 Finney St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Arthur Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unavailable, 1892
7. AGE: Abt. 46 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May, 1938
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Missouri 0

FATHER
13. NAME W.A. Sally 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri 0

MOTHER
15. MAIDEN NAME Rose Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT (ADDRESS) Vivian Wilson Cody 3938a Finney Avenue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE May 14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Avenue
20. FILED MAY 14 1938 J. F. Bredrick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-10-38, 19..., to 5-11-38, 19...
I last saw her alive on 5-11-38, 19... Death is said to have occurred on the date stated above, at 7 50 P.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction — Date of onset 5/6/38

Other contributory causes of importance:
Coronary Artery Disease
Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: .....
(Signed) Ray D. Williams, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

James A. Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney A venue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.