

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

23559
 Do not use this space.
 6253

REC'D AUG 12 1938

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **3928 Cleveland** 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 **Sarah Ann Clark** St. **17**
 (a) Residence, No. **3928 Cleveland** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 3rd 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 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) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Mo.**

13. NAME **John Z. Miller**

14. BIRTHPLACE (CITY OR TOWN) **York** (STATE OR COUNTRY) **Penna**

MOTHER 15. MAIDEN NAME **Julia A. King**

16. BIRTHPLACE (CITY OR TOWN) **York** (STATE OR COUNTRY) **Penna**

17. INFORMANT **Mrs. Dow E. Williams** (ADDRESS) **3928 Cleveland C**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **7/14/38** 19.

19. FUNERAL DIRECTOR **J. L. Ziegenhein & Sons** (ADDRESS) **7027 Gravois Ave.**

20. FILED **JUL 13 1938** **J. B. Budeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 4th 1938** to **July 12th 1938**. I last saw her alive on **July 12th 1938**. Death is said to have occurred on the date stated above, at **4 P. M.**
 The principal cause of death and related causes of importance were as follows:
Chronic Pyelonephritis non calcareous
Arteriosclerosis
 Date of onset **1330**

Other contributory causes of importance: _____

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

24. Was disease or injury in any way related to occupation of deceased? **1**
 If so, specify **Local Registrar**
 (Signed) **Lowell B. Branderburger**, M. D.
 (Address) **3922 Cleveland Ave.**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

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