

DESD OCT 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 91

31144
Do not use this space.

1. PLACE OF DEATH

(a) County W Registration District No. 1003
 (b) Township 1 Primary Registration District No. _____ Registered No. 8581
 (c) City St. Louis, Mo (d) Street No. 2617a North Spring Ave 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 Drucilla Clodfelter 121

(a) Residence, No. 2817a Spring Ave. St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Clodfelter Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1907

7. AGE YEARS 31 MONTHS 0 DAYS 13 If LESS than 4 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Columbus Willis

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

MOTHER 15. MAIDEN NAME Charity Culpepper

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

17. INFORMANT (ADDRESS) Mr. George Clodfelter Sr.
2817a Spring Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico, Mo. DATE Oct. 1st 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidner Und. Co.
1417a N. Market Street

20. FILED SEP 30 1939 19 _____ Local Registrar. J. B. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Sept 30 1938
 I last saw h.e.r. alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 2:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar 9/29/38
108 no
 Other contributory causes of importance:
Peritonitis Abscess 9/14/38
Reported - 9/14/38
non diphtheritic

Name of operation NO Date of _____
 What test confirmed diagnosis? Colony 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? NO
 If so, specify _____
 (Signed) J. B. Bredeck M. D.
 (Address) 2503 NO 15th

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,

....., or by

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

Signed.....

Licensed Embalmer No. 16740

P. O. Address.....

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.)

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