

NOV 21 1938

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

34538
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
 (b) Township Kaw Primary Registration District No. _____
 (c) City St. Louis (d) Street No. 3511 Jefferson Registered No. 3874
 (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

1131 Mrs. Clara Elizabeth Eldridge
 (a) Residence, No. 5809 E 13th St. (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 Edmund C. Eldridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Lawrence, Mass.
 13. NAME Wm Hardacre 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burley, England 4
 15. MAIDEN NAME Sarah Sunderland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, England

17. INFORMANT (ADDRESS) Miss Ruth Hardacre, 3511 Jefferson
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Oct. 8, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Neocomedian, Brushcreek & Pauls
 20. FILED Oct 5, 1938 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 33, 1938 to Oct 5, 1938, 1938
 I last saw her alive on Oct 5, 1938, 1938. Death is said to have occurred on the date stated above, at 7:05 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1934
93c

Other contributory causes of importance:
Atherosclerosis
Hypertension 4 years
 Name of operation None Date of _____
 What test confirmed diagnosis? Biopsy 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? None (Specify street or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) M. B. Casbolt, M. D.
 (Address) 1227 North Bell St. St. Louis

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

Walter Bley
11-6-031 f
11-30-4
West Post Branch Bley
Rt + Brownsville

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 _____
Nell Carr
Licensed Embalmer No. 3976

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.