

30 MAY 22 1939

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

15464
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
 (b) Township Polk Primary Registration District No. 5729 Registered No. 87
 (c) City _____ (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Bell St. Clair

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm St. Clair</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1857</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation
	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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron Co. Missouri</u>	
	13. NAME <u>Anthony Andrew St. Clair</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Rebecca St. Clair</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>John St. Clair</u> <u>W. Fredericktown, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Cemetery</u> DATE <u>May 2, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed R. Neff</u>		
20. FILED <u>May 2, 1939</u> <u>B. C. Slaughter</u> <u>Reg. Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to Apr 30, 1939
 I last saw her alive on 4/30, 1939 Death is said to have occurred on the date stated above, at 5:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy - and attack.
 Date of onset 9/26/31

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 2/16

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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify: _____
 (Signed) W. B. Barber M. D.
 (Address) Fredericktown, Mo

W. B. Barber
 Registered Embalmer's Statement on Reverse Side

WRITE PLAINLY, 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.

I X16605

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.....

Myron P. LaPee....., Registered Apprentice No.....
working under my personal supervision.

Signed *Myron P. LaPee*.....
Licensed Embalmer No. *4025*.....

P. O. Address *Fredricktown*.....

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.