

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39698

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3816a St Ferdinand Registered No. 10685
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Skiles

(a) Residence, No. 3816a St. Ferdinand 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jobe Skiles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1 1877
 7. AGE YEARS 60 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.
 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) Missouri
 (STATE OR COUNTRY)

13. NAME Daniel Golden

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

15. MAIDEN NAME Polly Rutledge

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

17. INFORMANT Mr. Louise Skiles
 (ADDRESS) 3816a St Ferdinand

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Potosi Mo. DATE 11/18/37

19. FUNERAL DIRECTOR Allen W. McLaughlin
 (ADDRESS) 2301 Lafayette Ave.

20. FILED 6710N J. T. Bredeek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1937

22. I HEREBY CERTIFY That I attended deceased from Nov. 15 1937 to Nov. 16 1937

I last saw him alive on Nov. 15 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Uremic Coma
caused by chr nephritis

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?.....

If so, specify.....

(Signed) M. B. Bush M. D.

(Address) 246 So Grand St

STATEMENT BY LICENSED EMBALMER

I, Wm. McDonald, Licensed Embalmer No. 3806

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. McDonald

Licensed Embalmer No. 3806

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.)