

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

Do not use this space.

2510

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood (No. 7239)

Registration District No. 786
Primary Registration District No. 1469

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7239 Maplewood St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Charles L. Clements

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22-1856
7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
73 3 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

10. NAME OF FATHER J. Ennis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT Mrs Pearl Potterfield
(Address) 7239 Maplewood

15. FILED 115-30 Meredith Dehuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept _____, 1929 to Jan 13 _____, 1930, that I last saw him alive on July 13 _____, 1930, and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Endocarditis
48 (duration) _____ yrs. _____ mos. 5 ds.
91A

CONTRIBUTORY (SECONDARY) Carcinoma of Uterus
(duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED no
IN WHAT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Porto _____, M. D.

1-15 . 1930 (Address) 6123 Easton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL Jan 16 1930

20. UNDERTAKER Parker Deardorff ADDRESS Webster

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. At every item of information sought to be ascertained, supply.

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612. H. C. H. H.