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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7993

Township ..... Primary Registration District No. 1003 Registered No. 2364

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Clara Munsey

(a) Residence. No. 4049 Washington St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joe Munsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March. 2 - 1892

7. AGE: Years 38 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New Burnside
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Samuel Sullins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Malise Slankard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: May O'Brien
(Address): 4049 Washington

15. FILED ..... 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb. 20, 1931, that I last saw h. E.P. alive on Feb. 20, 1931, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Polycystic Kidneys
Malignant 53A
115B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Ludwigs Angina
(duration) ..... yrs. ..... mos. 1½ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? YES. DATE OF 2-20-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Benj. Mayer, M.D.
2/21, 1931 (Address) 625 University Club Bldg

*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: Marion Ill
DATE OF BURIAL: 2/23 1931

20. UNDERTAKER: Shaffer
ADDRESS: Sullivan Mo

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.