

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.

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

16657

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1008
City St. Louis mo. (No. Lutheran Hospital)

File No.....
Registered No. 5185
St. Ward)

2. FULL NAME Augusta M. Clark

(a) Residence. No. 3417 Nebraska St., 24 Ward. (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 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 Edw. W. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>0</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 29th
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) mo!

10. NAME OF FATHER Fred Beiser

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

12. MAIDEN NAME OF MOTHER Sophie Roos.

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

14. INFORMANT Edw. W. Clark
(Address) 3417 Nebraska

15. FILED 1 1931 May O. Harker REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 1931

17. I HEREBY CERTIFY, That I attended deceased from April 16th, 1931, to April 29th, 1931, that I last saw h. or alive on April 29th, 1931, and that death occurred, on the date stated above, at 11:51 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aggranulocytic Angina

11:51 (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Septicemia
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
11:51 IF NOT AT PLACE OF DEATH. 3417 Nebraska

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. Roberts Preiderer, M. D.
April 30th 31 (Address) 1012 Peyer

*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 mo. Crematory DATE OF BURIAL 5 2 1931

20. UNDERTAKER M^s Laughlin ADDRESS 1631 mo. ave.

1016 Geyer.