

**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. **91**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Missouri Baptist Hosp.**)  
 File No. **25207**  
 Registered No. **6634** Ward

**2. FULL NAME**

(a) Residence, No. **6116 Pershing 5** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 26-1879</i>		
7. AGE	YEARS <i>54</i>	MONTHS <i>1</i>
	DAYS <i>3</i>	IF LESS THAN 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>St. Louis, Mo</i>		
FATHER	13. NAME <i>William T. Clemens</i>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Virginia</i>	
MOTHER	15. MAIDEN NAME <i>Henrietta Boehmer</i>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Illinois</i>	
17. INFORMANT <i>Ruth Clemens</i> (ADDRESS) <i>6116 Pershing</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oak Grove</i> DATE <i>July 1 1933</i>		
19. UNDERTAKER <i>C. R. Dutton and Sons</i> (ADDRESS) <i>4449 Olive St.</i> <i>J. F. Brebeck</i>		
20. FILED <i>31 1933</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29 1933*

22. I HEREBY CERTIFY, That I attended deceased from *July 21 1933* to *July 29 1933*

I last saw h. *alive on July 29 1933* Death is said to have occurred on the date stated above, at *4 P. m.*

The principal cause of death and related causes of importance were as follows:  
*21. Bronchial Pneumonia 7/28*  
*12/10*  
*12/10*  
*12/10*  
 Other contributory causes of importance:  
*Appendicitis (ruptured) 7/21*  
*Gonorrhea*  
 Name of operation *Appendectomy* Date of *7/13*  
 What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

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? *Yes*  
 If so, specify \_\_\_\_\_  
 (Signed) *M. Geo. Tamm*, M. D.  
 (Address) *5219 Raymond*

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.

RECORD

MAY 20 1933

