

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

Do not use this space.

OCT 11 1934

34542

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *6031* *W. Hulth Ave*) St. Ward)

File No.
 Registered No. **9349**

2. FULL NAME

Ida Clager
 (a) Residence, No. *6031* *W. Hulth Ave*, *7* Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred *57* 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 *Wife of John F. Clager*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4, 1877*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

FATHER
 13. NAME *Adolph Weber*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berlin Germany*

MOTHER
 15. MAIDEN NAME *Louise Burg*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *John F. Clager 6031 W. Hulth Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Friedens Sept. 25, 1934*

19. UNDERTAKER (ADDRESS) *Wiedemann & Sons 2934 N. 20 St.*

20. FILED *SEP 23 1934 J. Brediek Registrar.*

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *6/27* *1933* to *9/21* *1934*
 I last saw *her* alive on *9/21* *1934* Death is said to have occurred on the date stated above, at *2:35 p.m.*
 The principal cause of death and related causes of importance were as follows:

Hypostatic Broncho-Pneumonia *9/20/34*
921
998
107A
 Other contributory causes of importance: *930*
Endocarditis
e. Mitral Regurgitation *6/27/33*

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? *no*
 If so, specify.....
 (Signed) *Chris P. Norton*, M. D.
 (Address) *3903 Hill Ave*

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.

Rev. CP Maritime
3800 av 3900 Le
New York, N.Y. 10018