

FEB 11 1936

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

Do not use this space.

791

3776

1. PLACE OF DEATH

County.....

Registration District No. 1000

Township.....

Primary Registration District No.

City *St. Louis, Mo.* (No. *City Infermary*)

File No.

Registered No. 1028

St. Ward)

2. FULL NAME *Louis Clipper*

(a) Residence, No. *5809 Arsenal* St. *L3* Ward.

(Usual place of abode) *City Infermary* (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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widower*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 17-1870*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>18</i>	<i>57</i>	<i>6</i>	<i>15</i>	<i>9</i>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *common*

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) *Germany*

13. NAME *Widener*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Widener*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *E. Molony 5809 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lake Charles* DATE *Jan 29* 1936

19. UNDERTAKER (ADDRESS) *Cullinane Bros 1710 N. Grand Blvd*

20. FILED *28* 1936 19 *St. Louis, Mo* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 27, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1935, to January 27, 1936*

I last saw him alive on *January 27, 1936* Death is said to have occurred on the date stated above, at *9:45 a.m.*

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease Date of onset

Other contributory causes of importance: *95 1/2*
Pneumonia

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?
If so, specify

(Signed) *C. E. Smith*, M. D.
(Address) *5609 Arsenal St. Louis, Mo*

