

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated. Do not use this space.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis
7 Township Jefferson
9 City Richmond Heights (No. St. Marys Hospital)

Registration District No. 1170
Primary Registration District No. 6248-H.

File No. 4495
Registered No. 22
St. _____ Ward)

2. FULL NAME

EMMA CLASPILL

(a) Residence, No. 3802 Melba Avenue, Pine Lawn, Mo. 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 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 Ernest Claspill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>7</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235
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) Potosia Mo. 1

MOTHER 13. NAME Theopolias McKinnon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 2

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 2

17. INFORMANT Ernest Claspill
(ADDRESS) 3902 Melba Avenue, Pine Lawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 21, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED Jan. 19 19.37 Sam L. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19.35 to Jan 18 1937
I last saw her alive on Jan 18 1937 Death is said to have occurred on the date stated above, at 5:15 P. M.
The principal cause of death and related causes of importance were as follows:

Malignant Endocarditis
Secondary embolism
Date of onset 1/18/36

Other contributory causes of importance: None

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 on industry, at home, or in public place.

Name of injury _____
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) James J. Kelly, M. D.
(Address) 6125 Barton Ave
St Louis Mo

