

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH **People Hospital**

County

Registration District No.

791
1003

18686

Township

Primary Registration District No.

File No.

5262

City **St. Louis** (No.) St. Ward)

2. FULL NAME **Alice K. Clark**

(a) Residence, No. **Elem Wood Park Mo** St. **NR** Ward. **Elem Wood Park Mo**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Robert Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2nd 1890**

7. AGE YEARS MONTHS DAYS

47

0

20

If LESS than 1 day, hrs. or min.

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

Cateress

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)

Mobile Ala

13. NAME

Turner Long

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

Ala

15. MAIDEN NAME

Sarah Strong Hartford

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

CON

17. INFORMANT

Robert Clark

(ADDRESS)

Elem Wood Park Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Park** DATE **May 27th 1937**

19. UNDERTAKER

(ADDRESS)

Jas. H. Randle & Son
920 No. Leonard Ave

20. FILED

MAY 27 1937

J. F. Bredeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/22/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **12:00 Noon**
The principal cause of death and related causes of importance were as follows:

Novocaine Poisoning, following spinal anaesthesia;

Other contributory causes of importance:

Pyosalpinx and Fibroid Tumor of Uterus. Non Malignant.

Name of operation.....

Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **5/22/37**, 19**37**

Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Peoples Hospital

Manner of injury.....

See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify.....

(Signed) **J. M. Quinn** M.D.
(Address) **Deputy Coroner**

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