

REC'D MAY 10 1938

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

12637
Do not use this space.

3241

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Jewish Hospital (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara S. Anderson 536

(a) Residence, No. 8008 Venetian Drive - Davis Place N.R. CLAYTON, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Carl E. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/1/02

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 0 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) Calera, Okla.13. NAME Satterfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.15. MAIDEN NAME Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.17. INFORMANT (ADDRESS) C. E. Anderson
8008 Venetian Drive18. BURIAL, CREMATION, OR REMOVAL
PLACE Sioux City, Iowa DATE 4/8/3819. FUNERAL DIRECTOR (ADDRESS) Alexander Shaw
6175 Delmar Blvd.20. FILED APR 5 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/38, 1922. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938, to 4/5, 1938

I last saw her alive on 4/5, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic nephritis,
Pulmonary edema

Non purpurul caused by uremia, caused by chronic nephritis

Other contributory causes of importance:

Pelvic inflammationFibroid of uterus, BenignName of operation Hysterectomy Date of 3/21/38What test confirmed diagnosis? exam. 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?

If so, specify

(Signed) Maynard M. Sperry, M. D.(Address) 3772 0 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2462
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)