

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13031

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **5583 Era Ave.** St.
 (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.

Registered No. **3635**2. PRINT FULL NAME **Myrtle Clapper. 416**

(a) Residence, No. **5583 Era Ave.** St. **7**
 (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 **Frank J. Clapper.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25, 1888.**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 11 23

OCCUPATION 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. **at home.**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Evansville,**
 (STATE OR COUNTRY) **Indiana.**

FATHER 13. NAME **Dont know.**
 14. BIRTHPLACE (CITY OR TOWN) **Dont know.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Dont know.**
 16. BIRTHPLACE (CITY OR TOWN) **Dont know.**
 (STATE OR COUNTRY)

17. INFORMANT **Frank J. Clapper**
 (ADDRESS) **5583 Era Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Salon, Illinois** DATE **April 20, 1938**

19. FUNERAL DIRECTOR **Geo. P. Pleitash Inc.**
 (ADDRESS) **5966 Euston Ave.**

20. FILED **J. F. Budick**
 Local Registrar.

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 17, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 3, 1938, to April 17, 1938**

I last saw her alive on **April 17, 1938**. Death is said to have occurred on the date stated above, at **7.45 P. m.**

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

Carcinoma of uterus Date of onset **April 1938**

Other contributory causes of importance:

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 **Yes**
 (Signed) **Frank J. Clapper** M. D.
 (Address) **5536 Euston Ave.**

Dr. Jas. T. Cook
5536 Robin Ave.

STATEMENT BY LICENSED EMBALMER

I, Philip Stein, Licensed Embalmer No. 1699

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 1699 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Philip Stein
Licensed Embalmer No. 1699

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.)