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.

REC'D DEC 12 1938

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

37910
Do not use this space.

1. PLACE OF DEATH
(a) County 3 Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 10237
(c) City St. Louis, Mo. (d) Street No. 2901 Kennerly 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 4 yrs. 20 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda E Cloak
(a) Residence, No. 5850 Kennerly Ave. St. //
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Charles Kellogg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Harriet Posten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Gladys C. Kahler
(ADDRESS) 5850 Kennerly Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allenton, Mo. DATE Nov 28, 1938

19. FUNERAL DIRECTOR A. Kron & Co.
(ADDRESS) 2707 N. Grand Av.

20. FILED ....., 19.... J. L. Bredeck
Local Registrar.

NOV 30 1938

(Licensed Embalmer's Statement on Reverse Side)

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1938

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 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) Alfred J. Perry, M. D.
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knoblenberg, Licensed Embalmer No. 2831

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Paul F. Knoblenberg

Licensed Embalmer No. 2831

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.)