

MAY 10 1939

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

13448
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. **3790**
(c) City St. Louis (d) Street No. 3711 Keokuk 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.

2. PRINT FULL NAME

Marguerite Cliffe
(a) Residence, No. 3711 Keokuk St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mrs. Martin J. Cliffe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1900
7. AGE YEARS 38 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work
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. 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thos. Lawless

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

MOTHER 15. MAIDEN NAME Margaret Collins

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

17. INFORMANT (ADDRESS) M. J. Cliffe
3711 Keokuk

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Peter & Paul DATE 4-25-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Ind Co.
6322 S. Grand

20. FILED APR 24 1939 J. B. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1939 to 4-21-1939

I last saw her alive on 4-21-1939 Death in said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:
Picks Polyserositis
Picks syndrome
Rheumatic heart disease
Date of onset not operation

Other contributory causes of importance:
Hepatitis, probably chronic

Name of operation Aut. Date of no

What test confirmed diagnosis? Aut. 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) R. H. ... M. D.

(Address) 3696 ...

WHILE LAWYER WITH EMPLOYING OFFICE THIS IS A FAVORABLE RECORD
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.

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Dr. H. J. English
3606 Franklin
St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Virgil L. Berryman
Licensed Embalmer No. 4818
P. O. Address St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.