

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT No. **1003**
Primary Registration District No. **791**

State File No. **30934**
Registrar's No. **7997**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St Louis**
(c) Name of hospital or institution: **DePaul Hospital**
(d) Length of stay: In hospital or institution **2 days**
In this community **9 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Louis**
(c) City or town **Ferguson**
(d) Street No. **241 Randolph St**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Anna Clubb**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **15** year **1939** hour **3:45** minute **P** M.

4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Andrew Clubb** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **June 22 1885**

21. I hereby certify that I attended the deceased from **22** 19 **39** **Sept 15** 19 **39** that I last saw **her** alive on **Sept 15** 19 **39** and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **2** Days **23** If less than one day hr. _____ min. _____

Immediate cause of death **Lobar pneumonia 3 days**

9. Birthplace **St Louis Mo**
10. Usual occupation **Housework**

Due to _____
Due to _____
Other conditions **15 years**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Peter Conroy**
13. Birthplace **Ireland**
14. Maiden name **Minnie Nierman**
15. Birthplace **New York**

Major findings: _____
Of operations _____
Of autopsy **Small contracted lobe**
Diagnosed by Dr. Schenck
DePaul Hospital

16. (a) Informant's own signature **Andrew Clubb**
(b) Address **241 Randolph St Ferguson Mo**
17. (a) **Burial** (b) Date thereof **Sept 19 1939**
(c) Place: burial or cremation **St Peters Cem**
18. (a) Signature of funeral director **Beiderwieden Funl Home**
(b) Address **1936 St Louis Ave**
19. (a) **SEP 17 1939** (b) **J. B. Brudick**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature **Ray Johnson** (M. D. or other) _____
Address _____ Date signed _____

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.....

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

Signed.....

Licensed Embalmer No. 3737

P. O. Address. 1936 St. Louis

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.