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

Do not use this space.

15387
15656

File No. .....
Registered No. 4618

1. PLACE OF DEATH

County .....
Township .....
City Norris (No. City Hospital St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME LOUISE CLAUSSEN

(a) Residence. No. 822 Market St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Albert Claussen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1 - 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	1	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home 12.41
(b) General nature of industry, business, or establishment in which employed (or employer): 99
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Gus Roediger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Caroline Ulrich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: E. Roman
(Address) City Hospital

15. FILED APR 28 1928, 19.. Max C. Starkey
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 26 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to April 26, 1928, that I last saw h. 9 alive on April 26, 1928, and that death occurred, on the date stated above, at 5 45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General arteriosclerosis
Alcoholic cirrhosis of liver (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry C. Westerman, M. D
4/27, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery
DATE OF BURIAL: Apr 30 1928

20. UNDERTAKER: J H Gibbons Lawn Co
ADDRESS: 2842 Meramec

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.