

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 113

City St. Louis (No. 14574)

(No. 14574)

City St. Louis

File No. 44491

44491

Registered No. 11492

11492

St. 16

Ward)

2. FULL NAME Clas Maurery

(a) Residence, No. 3508

(Usual place of abode)

Lennaxel St. Ward. 16

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1874

7. AGE

YEARS 62

MONTHS 11

DAYS 1

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Illinois

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Wm J. McLean (ADDRESS) City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's Church DATE Dec 5 1934

19. UNDERTAKER (ADDRESS) J. F. Bredeck 36 So. Broadway Ave

20. FILED LEC - 3 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1934, to 12/2, 1934

I last saw him alive on 12/1, 1934. Death is said

to have occurred on the date stated above, at 4:15 p.m.

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

Date of onset

Arterio-Sclerotic Heart Disease
95B
430

Other contributory causes of importance:

Congestive Heart Failure

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? N

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

(Signed) W. H. McLean

M. D.

(Address) City, Mo. No. 1

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.

