DEC 3 1936

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

Do not use this space.

42576

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11083

City St. Louis, Mo., (No. City Sanitarium St. ..... Ward)

2. FULL NAME Joseph Clasquin

(a) Residence, No. 21 No. Sarah St. St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

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

10. Date deceased last worked at this occupation (month and year) Dec. 1928

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Joseph Clasquin

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. T. C. Campbell
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA DATE Nov 7 1936

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor

20. FILED NOV 6 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Nov. 5, 1936, 19
I last saw him alive on Nov. 5, 1936, 19 Death is said to have occurred on the date stated above, at 7:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10/11/36
Contributary:	
Cillulitic of rt. leg	10/20/36
Arteriosclerosis	1-1-36x
~~Other contributory causes of importance~~	
Chronic myocarditis	1-1-36x
Chronic Nephritis	1-1-36x
Senile Dementia	1-1-36x

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) T. C. Campbell, M. D.
(Address) 5400 Arsenal

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.