

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*Registration District No. *788*Township *Jefferson*Primary Registration District No. *4471*Ward *Webster Groves*(No. *9* *South Laclede Rd*)File No. *13369*Registered No. *30*

St. _____ Ward _____

2. FULL NAME

Theodore Christian Clausen(a) Residence, No. *9 S Laclede Rd*, St. _____, Ward _____.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S., if of foreign birth? *5* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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**Jacobine Clausen*

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

Nov 10 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.*83**3**19*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Machinist*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Retired 11 yrs*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Copenhagen
Denmark*

13. NAME

*Hans Christian Clausen*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Denmark*

15. MAIDEN NAME

*Anna Jensen*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Denmark*17. INFORMANT
(ADDRESS)*H. P. Ventur 0102
Webster Groves*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Lake Hill*DATE *Mar 3 1937*19. UNDERTAKER
(ADDRESS)*Parker and Co
Webster Groves*

20. FILED

*3-2-1937**Jules R. More*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *7:00 a.m.*

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

Chronic Myocarditis

Date of onset

D.K.

Other contributory causes of importance:

*arterio Sclerosis**D.K.*

Name of operation

None

Date of _____

What test confirmed diagnosis? *Medical History* 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

1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *J. P. Cornell*(Address) *Carroll, St. Louis Co.*

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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