

OCT 26 1937

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

35386  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170  
(b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 195  
(c) City Richmond Heights (d) Street No. St. Mary's Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Clasquin

(a) Residence, No. 5630 Pershing Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Clasquin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1873  
7. AGE YEARS 64 MONTHS 6 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Robert Ditchen

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 (ADDRESS) Le Roy Giroux 5630 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 9/9/37

19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly 1416 N. Taylor Ave.

20. FILED Sept. 8 1937 Sam H. Bassett, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept. 1 1937, to Sept. 6 1937. I last saw her alive on Sept 6 1937. Death is said to have occurred on the date stated above, at 6:50 m.  
The principal cause of death and related causes of importance were as follows:

Encephalitis Lecharia  
Chr Myocarditis, Tox  
Date of onset ?

Other contributory causes of importance:  
Chronic Nephritis with Hypertension 2 1/2 yrs  
Chronic Passive Congestion Lung 5 days

Name of operation Clinical Date of 2/2  
What test confirmed diagnosis Clinical 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 \_\_\_\_\_ (Address) 319-21 Union Club M. D.

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.

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clement McNeary

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

**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.)**