

NOV 15 1937

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

35830  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791 2**  
(b) Township ..... Primary Registration District No. **1003 1**  
(c) City **St. Louis Mo.** (d) Street No. **4230 Louisiana Ave.** Registered No. **9407**  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Clara Ising**

(a) Residence, No. **4230 Louisiana Ave** St. **15**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7th 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**26 3 28 1**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bookkeeper**  
9. Industry or business in which work was done, as 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) **St. Louis Mo.**

FATHER 13. NAME **Matt Ising**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Rosalie Osthoff**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Rosalie Ising 4230 Louisiana Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter & Paul** DATE **Oct 11 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Shoemaker 2906 Gravois Ave.**

20. FILED **OCT 8 1937** **J. Biedeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 8th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-28 1936**, to **10-8-37**, 19**37**.

I last saw her alive on **10-8-37**, 19**37**. Death is said to have occurred on the date stated above, at **9:40 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Pulmonary Tuberculosis** Date of onset **1934**  
*J. J.*

Other contributory causes of importance: **None**

Name of operation **None** Date of **None**  
What test confirmed diagnosis? **Serology** 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**37**  
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 **Chronic C. Hencke** M. D.  
(Signed) **J. Biedeck**  
(Address) **316 Union St. Wash. Bldg.**

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.

280-1-9662

STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS, Licensed Embalmer No. 1619

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

THOMAS KUTIS L. E. 1619

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed Thomas Kutis

Licensed Embalmer No. 1619

**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.)**