

EB 12 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

576
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St. **13**
(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 Carlauf** *601*

(a) Residence, No. **5800 Arsenal St.** St. **13**
(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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 9, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 24

OCCUPATION 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. **X**
10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** *b*

FATHER 13. NAME **Florine Carlauf** *b*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** *b*

MOTHER 15. MAIDEN NAME **Caroline Grund**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Rose Colvin**
5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACED *in casket* DATE *Jan 13* 1938

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Kebben**
2842 Metairie St.

20. FILED **13** 1938
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 24**, 19**24**, to **January 2**, 19**38**

I last saw her alive on **January 2**, 19**38** Death is said to have occurred on the date stated above, at **9:20 P.M.**

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

Carcinoma of
Wall Bladder
Other contributory causes of importance:
H/E

Name of operation *Prostatectomy* Date of *Jan 2 1938*
What test confirmed diagnosis *Prostatectomy* Was there an autopsy *Yes*

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? *Home* (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) **T. R. Young**, M. D.
(Address) **5608 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.

not Em

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)