

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 24 1938

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

8094
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township Clayton Primary Registration District No. _____ Registered No. 360
 (c) City Clayton (d) Street No. St. Louis County 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara LePage 12.0
 (a) Residence, No. 3309 Brown Rd. St. Johns, Mo. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1884

7. AGE YEARS 53 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Ill.

FATHER 13. NAME Henry G. Steuckel

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Louis LePage Husband

18. BURIAL, CREMATION, OR REMOVAL PLACE Mascoutah Ill. DATE 2/26 1938

19. FUNERAL DIRECTOR (ADDRESS) Baumann Overland Mo

20. FILED 2-25 1938 J. R. Meyer M.D. Reg. P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-23-38, 1938, to 2-24-38, 1938.

I last saw her alive on 2-24-38 2:10 P.M. Death is said to have occurred on the date stated above, at _____ m.

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

Hypertension

Other contributory causes of importance: 53

Name of operation Exploratory Date of 2/24/38

What test confirmed diagnosis? Autopsy 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 _____, 1938

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? _____
 If so, specify _____

(Signed) [Signature] M. D.

(Address) St. Louis County Hospital

STATEMENT BY LICENSED EMBALMER

I, Earl Stilleman Licensed Embalmer No. 3501

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

me L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl Stilleman

Licensed Embalmer No. 3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)