P 15 1938

OCT 6 1938

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

33275
Do not use this space.

3

1. PLACE OF DEATH
(a) County St Louis Registration District No. 784
(b) Township Primary Registration District No. 200 Registered No. 1508
(c) City Manchester, Mo. (d) Street No. Manchester Nursing Home 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 Henrietta R. Clemens. 45C
(a) Residence, No. # 6116 Pershing ave St.
(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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26. 1847.

7. AGE YEARS 90. MONTHS 8 DAYS 18. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown, Ill

FATHER
13. NAME Henry Boemler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

MOTHER
15. MAIDEN NAME Mary Haverkluft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Ruth Clemens #4475 W. Pine Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 9-16-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton & Sons #7233 Delmar Blvd

20. FILED SEP 15 1938 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1938.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Sept 13, 1938
I last saw her alive on Sept 13, 1938 Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	9-1-38
Other contributory causes of importance:	
Chronic Nephritis I	9-1-38
Uremia	9-1-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Cystoscopy Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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
(Signed) A C Campbell, M. D.
(Address) 4289 Hamilton Ave St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Bradford A. Miles, or by .....

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

Signed. Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address 7233 Delmar

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.)

If this body is not embalmed, above space should be left blank.