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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44628

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2328

1. PLACE OF DEATH:
(a) County ST LOUIS, 3
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 106 Kayser
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State MO (b) County ____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4039 MC REE. AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CLARA STARK 362
3. (b) If veteran, name war NO.
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EDWARD
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct. (Month) 13 (Day) 1884 (Year)

8. AGE: Years 55 Months 2 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace BELLVILLE (City, town, or county) ILL. (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business AT HOME-
FATHER
12. Name RICHARD LEWIS
13. Birthplace ____ (City, town, or county) ILL. (State or foreign country)
MOTHER
14. Maiden name MARGERET SCHNELL
15. Birthplace UNKNOWN- (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Venus Blume
(b) Address 4039 McRee av.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 1-40 (Month) (Day) (Year)
(c) Place: burial or cremation MNT HOPE CEM.
18. (a) Signature of funeral director Jos. P. Fenglerd
(b) Address 7128 MICHIGAN. AV.
19. (a) DEC 31 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/28. day 28th.
year 1939 hour 10:45 minute 15 A. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h ____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suddenly.	
Due to ____	
Due to Coronary Occlusion	
Other conditions ____ (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	PHYSICIAN
Of autopsy ____	Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ Home (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature William J. Hans (M. D. or other)
Address 4535 Virginia Date signed 12/29/39

(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.

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 925

P. O. Address ST LOUIS.

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.