

D. 2
3-40
7-39
K23159

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2525 Arlington Ave.
(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)

3. (a) PRINT FULL NAME Celeste Vera Clucas 452

3. (b) If veteran, name war No. 3. (c) Social Security No. 488-09-3746

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 5 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business American Syrup Co.

12. Name Henry N. Clucas

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Kloepple

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Martha E. Clucas

(b) Address 5656 Vernon Ave.

17. (a) Burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. JUL 29 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
0
(d) Street No. 5656 Vernon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-1
1940, to 7-26, 1940

that I last saw her alive on 7-26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of cervix with multiple metastases

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John S. Poe (M. D. or other) MD

Address 1492 Modiamont Ave. Date signed 7-29-40

Duration

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

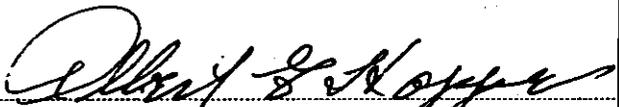
tistically.

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. 2971

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.