

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **40776**Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **10547**

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:
6755 Alabama 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 **Clara Jaspering**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 **Married**6. (b) Name of husband or wife **George**6. (c) Age of husband or wife if alive **68** years7. Birth date of deceased **July 10 1872**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 **5** **10** hr. min.9. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **House Work**

11. Industry or business _____

12. Name **William Wagner**13. Birthplace **Mo. 9**
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Geo. Jaspering**(b) Address **6755 Alabama Ave.**17. (a) **Burial** (b) Date thereof **12-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Hiram Schumacher**18. (a) Signature of funeral director **Hiram Schumacher**(b) Address **3013 Meramec St.**19. (a) **Dec 23 1940** (b) **J. H. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6755 Alabama Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20**
year **1940** hour **4** minute **30** P. M.21. I hereby certify that I attended the deceased from **1936**
March 19, 19**36**, to **Dec. 20**, 19**40**;
that I last saw her alive on **Dec 14**, 19**40**;
and that death occurred on the date and hour stated above.Immediate cause of death **Cardiac Failure** Duration _____Due to **Chronic Myocarditis** **15**
personal knowledge **minutes**Due to **About 8 years from history** **4 years**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 **Henry P. Graul** (M. D. or other) _____Address **2905 Cherokee St.** Date signed **12/23/40**

STATEMENT BY LICENSED EMBALMER

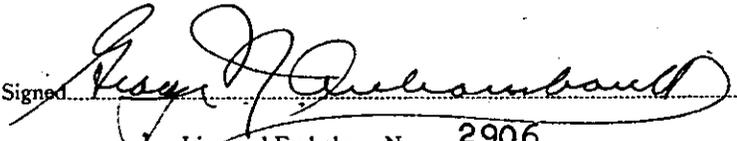
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Geo. N. Archambault

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address: **3013 Meramec St.**

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.