

No. 2  
4-13-40  
1-17-39  
I X23159

FILED MAR 25 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
3404a S. 2nd St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 33 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1724  
(d) Street No. 3404a S. 2nd St.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th  
year 1941 hour 8 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Feb  
10, 1941 to Feb 11, 1941  
that I last saw her alive on Feb 10, 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Adline Claywell  
3. (b) If veteran, name war ---  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Morgan Claywell  
6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased March 11, 1865  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia  
Duration 8 days

8. AGE: Years Months Days If less than one day  
75 11 0 hr. min.

Due to 108  
Due to \_\_\_\_\_

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

Other conditions Arthritis  
(Include pregnancy within 3 months of death) 13 months

10. Usual occupation Home

Major findings: Had been in St. Louis City Hospital  
Of operations for gastro-intestinal condition recently  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Bequette  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Lalmondier  
15. Birthplace St. Genevieve Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Horace R. Claywell  
(b) Address 3404a S. 2nd St.

17. (a) Burial (b) Date thereof 2/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery  
Tracker-Heldert

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2331 S. Broadway

19. (a) FEB 12 1941 (b) J. W. Brudeck  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Leroy E. Ellison M.D. (M. D. or other) 0  
Address 3616 S. Broadway Date signed 2/11/41  
(Specify type of place) (e) Means of injury

2024

**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: *Frank J. Ohland*  
Licensed Embalmer No. *2675*  
P. O. Address: *St. Louis Mo*

**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, fact should be so stated above.**