

FILED 801 13 1941

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7744**

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:
5108 Delmar 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 **1 year 4 mo** / _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0-0**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **12 17**
(d) Street No. **5108 Delmar Ave** (If rural, give location) **9**
(e) Citizen of foreign country? **U.S. BORN** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **24**
year **1941** hour **1:00** minute **P** M.
21. I hereby certify that I attended the deceased from **April 28** 19**30** to **Sept 24** 19**41**,
that I last saw her alive on **Sept 24** 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to _____

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
_____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **W. H. Oberbeck** (M. D. or other) _____
Address **3903 Olive** Date signed **9/29/41**

3. (a) PRINT FULL NAME **Ella Claywell**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **April 18 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Winchester Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Washington Hankins**

13. Birthplace **Winchester Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Hamilton**

15. Birthplace **Winchester Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. Kappeler**

(b) Address **5108 Delmar**

17. (a) **Burial** (b) Date thereof **Sept 27 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. HOPE CEM. East St Louis Ill**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **SEP 26 1941** (b) **J. T. Oberbeck**
(Date received local registrar) (Registrar's signature)

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

1799

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.....

Dale Harness

....., Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

Felix J. Krispin

Licensed Embalmer No.

3497

P. O. Address.....

1936 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, fact should be so stated above.