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No. 2
1-10-30
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED OCT 7 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1981

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR KIMMSWICK
(If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1941 hour 11:55 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death While driving his own car on a public highway the car left the highway.

Due to Depressed skull fracture; 6th & 7th ribs on right side

Due to fractured; hemothorax; blood in urinary bladder.

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

Major findings: Of operations _____

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 18, 1941
(c) Where did injury occur? Chesterfield, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway

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

23. Signature Louis H. Bopp
Address Kirkwood, Mo. 9/25/41 Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CLARENCE G. NAES

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased. JAN. 24 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 8 Days 1/2 If less than one day _____ hr. _____ min.

9. Birthplace KIMMSWICK MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business _____

12. Name JOHN NAES

13. Birthplace KIMMSWICK MO 0
(City, town, or county) (State or foreign country)

14. Maiden name AGUSTA HENNINGTON

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

16. (a) Informant John Naes

(b) Address KIMMSWICK NO 912

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

(c) Place: burial or cremation ST JOSEPH CEMETRY

18. (a) Signature of funeral director FIEBIGTAS FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) SEP 25 1941 (b) E. J. McEl Mo
(Date received by registrar) (Registrar's signature) NW

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

66
22
3

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 *Elmer Heligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Kimmswick, 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, above space should be left blank.