

No. 2
4-41
17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33488
Registrar's No. 8444

Registration District No. _____

Primary Registration District No. _____

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:
3845a Wyoming Street
(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 DEISTER

3. (b) If veteran, name war no
3. (c) Social Security No. 494-10-7721

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

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 23
hr. min.

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

10. Usual occupation Seamstress

11. Industry or business J. W. Losse Tailoring Co

12. Name Charles Deister

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

14. Maiden name Theresa ?

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

16. (a) Informant Mrs. A. C. Cus (Sister)

(b) Address 3845 Wyoming, St. Louis, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10-27-41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. Hoffmeister & L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) Oct 25 1941
(Date) (b) J. P. Brudeck
(Registrar's signature)

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") 17
(d) Street No. 3845a Wyoming Street (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 16
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1941 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1
1941 to Oct 23 1941
that I last saw her alive on Oct 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 day
Myocardial Infarction
Wascular Disease 1 yr

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? _____

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

23. Signature J. P. Brudeck (M. D. or other) _____
Address 7924 S. Grand Date signed 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E.H. Eyerman,
2924 S. Grand,
La. 3456.

1:00 - 2:00 P. M.
6:00 - 7:00 P. M.

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. *4049*

P. O. Address *6464 Clippings*

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.