S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4684

Registrar's No. 1585

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: 3732 Nebraska
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 24000 11

(c) City or town (If outside city or town limits, write "RURAL") 9

(d) Street No. 3732 Nebraska
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara A. Marohn

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 William F. Marohn

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 1 (Day) 1885 (Year)

8. AGE: Years 56 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles Good

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Bertha Buchter

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

16. (a) Informant William F. Marohn

(b) Address 3732 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [illegible]

(b) Address 3013 Meramec

19. (a) FEB 20 1942 (Date received local registrar) (b) J. F. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1942 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 10 1939 to Feb. 18 1942 that I last saw h. alive on Feb. 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Breast Removal 1939

Of autopsy None

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) No

(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)

While at work? (e) Means of injury

23. Signature Rudolph P. Dutt M.D. (M. D. or other)

Address 3800 S. Broadway Date signed 2/11/42

X4U (Licensed Embalmer's Statement on Reverse Side)

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 George N. Archambault, Registered Apprentice No. XXXXX working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.