

S. No. 2
M-542
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37992

State File No.

FILED DEC 10 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 2350

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Ballwin,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 years.
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. St. Louis,

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

(d) Street No. 7536 Liberty Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME EDWARD WILLIAM CLOOS.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife. Marie Cloos. 6. (c) Age of husband or wife if alive. 13. years

7. Birth date of deceased. November 13, 1871.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71. 11. 20. hr. min.

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

10. Usual occupation. Shipping clerk.

11. Industry or business. Phillips R. R. Salvage.

MOTHER FATHER { 12. Name John Cloos.

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

14. Maiden name Caroline Behring.

15. Birthplace Unknown. Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Edna V. Johnson.

(b) Address. 7536 Liberty Ave.,

17. (a) burial. (b) Date thereof 11/11/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cem.,

18. (a) Signature of funeral director. C.R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.,

19. (a) NOV 10 1942 (b) C. L. McVaren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 9th,
year 1942. hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1939, to Nov 6, 1942
that I last saw him alive on Nov 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral apoplexy
Hardening of Arteries
Hyper-tension

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration Sudden

Indefinite

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?~~

While at work? (Specify type of place) (c) Means of injury

23. Signature Harry D. Meyer (M. D. or other) Dr. Meyer
Address 4903 Delmar Date signed 11/10/42

Dr Harry H. Meyer.
Roosevelt Hotel.

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.....

Clarence A. Murray

Licensed Embalmer No.

4011

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.