

FILED JAN 19 1943

Registration District No. 010

Primary Registration District No.

1002

Registrar's No.

203

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Clara McQuien

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 single

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

7. Birth date of deceased May 5th 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 3 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Ben A. Burbach

(b) Address 4852 Le Duc St.,

17. (a) Burial (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid

19. (a) JAN 8 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4852 Le Duc St.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1943 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from December 27, 1942 to January 7, 1943
that I last saw h. or alive on January 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Other conditions Senile dementia
(Include pregnancy within 3 months of death)
Diabetes mellitus

Major findings: Of operations.....

Of autopsy above findings confirmed

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) (e) Means of injury.....

23. Signature Thomas A. Sweetman (M. D. or other).....
Address 1515 Lafayette Avenue, Date 1/14/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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.