

FILED APR 15 1943

Registration District No. **84**

Primary Registration District No. **113**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Florissant**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence Route #1 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **None** years, months or days)

3. (a) PRINT FULL NAME **Frances Clement**

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

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

6. (b) Name of husband or wife **Michael Clement** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **August 2, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 9 hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **John Pluempe**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Tegethoff**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John M. Clement**

(b) Address **Route #1 Florissant, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/23/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **3-23-43** (Date received local registrar) (b) **Ed McEvers** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Florissant**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location) **No**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**,
year **1943** hour **1:30 AM** minute **---** M.

21. I hereby certify that I attended the deceased from **June 4**
1937 to **March 15** **1943**
that I last saw **her** alive on **March 15** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**

Due to **Chronic Nephritis**

Due to **Chronic Nephritis**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1317**

Of autopsy **1317**

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 **J. C. Adams M.D.** (M. D. or other) **March**

Address **St. Louis Mo** Date signed **3-23-43**

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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 Francis A Williamson

Licensed Embalmer No. 3565

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.