

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3497**

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:  
**Luthern Hospital**  
(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..... (Specify whether  
years, months or days)

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. **3133a Shenandoah Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Clara Neupert**

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 C. Neupert**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 9, 1875**  
(Month) (Day) (Year)

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

**67 11 28** hr. min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Henry Stoll**

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

14. Maiden name **Eich**

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

16. (a) Informant **Wm. C. Neupert**

(b) Address **3133a Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof **4/14/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New. SS. Peter and Paul**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **APR 14 1943** (b) **J. P. Buddeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**  
year **1943** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from **March 31/43**  
19**43** to **4/11/43** 19**43**;  
that I last saw **her** alive on **4/11/43** 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary embolism**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Common duct stone operation**  
**cholecystectomy 3/10/43**

Of autopsy.....

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).....

(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 **R. Berg** (M. D. or other) **0**

Address **253 Webster** Date signed **4/12/43**

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

844

2-25-3 T.G.L.

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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

*Nancy A. Stewart*

Licensed Embalmer No...3722.....

P. O. Address...412 Duchouquette St.....

**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.