

ED AUG 13 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 6996

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 7 Days
years, months or days)

3. (a) PRINT FULL NAME Clara Margaret Keown
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 332-20-4527

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alonzo V. Keown 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased April 5 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 3 28 hr. min.

9. Birthplace Jersey County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Barney Freaund
 13. Birthplace Saxon Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Rose Mary Kraushaar
 15. Birthplace Jersey County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A.V. Keown
 (b) Address Jerseyville, Illinois.

17. (a) Removal (b) Date thereof 8-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jerseyville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.,

19. (a) AUG 2 1943 (b) J.F. Beedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Jersey
 (c) City or town Jerseyville
(If outside city or town limits, write "RURAL")
 (d) Street No. 711 Barr Str.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
 year 1943 hour 2 minute 50 A.M.
 21. I hereby certify that I attended the deceased from 7/26/43
 19..... to 19.....
 that I last saw her alive on 8/11 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Neoplasm of abdominal cavity
(Probably Carcinoma of Intestine)
 Due to..... 3 months

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

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 Hiram L. Huggitt (M. D. or other) MD.
 Address 3720 Washington Blvd. Date signed 8/2/43

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

MAR 20 1944

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 W. Wilkins

Licensed Embalmer No. 3575

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.