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S. No. 2  
FORM-2-43  
5-17-41  
PI X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32980**  
Registrar's No. **9384**

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

NOV 1 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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 Hosp.,  
Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **715 Hickory Street.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Donald Lee Clauser**  
(b) If veteran, name war **Nil**  
(c) Social Security No. **Nil**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **23**,  
year **1943** hour **3:35** minute **P.** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from **October 21**, 19**43** to **October 23**, 19**43**;  
that I last saw him alive on **October 23**, 19**43**;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **May 18 11943**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**5 5** hr. min.

Immediate cause of death **Congenital Syphilis**  
Due to.....  
Due to.....

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

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

11. Industry or business.....  
12. Name **Charles Daniel Clauser**  
13. Birthplace **Fredericktown Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bessie Drapier**  
15. Birthplace **Fredericktown, Missouri**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Charles Daniel Clauser**  
(b) Address **715 Hickory Street.**  
17. (a) **Burial** (b) Date thereof **10/25/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memorial Park Cemetery**

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)  
Means of injury.....

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**  
(b) Address **4700 Washington Blvd.**  
19. (a) **OCT 25 1943** (b) **J. F. Bredek**  
(Registrar's signature)

23. Signature **J. F. Bredek** (M. D. or other)  
Address **1515 Lafayette Avenue.** Date dictated **10/25/43**

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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 John Agnoski  
Licensed Embalmer No. 3398  
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.**