No. 2
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17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 181

FILED FEB 1 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 651

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Missouri (b) County 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4929 N. Union Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martha E. Clucas

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 2

6. (b) Name of husband or wife Henry Clucas

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

7. Birth date of deceased November (Month) 15 (Day) 1878 (Year)

8. AGE: Years 65 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Kloepper
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Clucas
(b) Address 4929 N. Union Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) JAN 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 19
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10, 1942 to Jan 18, 1944
that I last saw her alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Myocardial degeneration

Due to

Due to

Other conditions Nephritis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

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?
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Dr E. C. Scott (M. D. or other) D.O.

Address 4952 N Union Date signed 1-21-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.