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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 5479  
Registrar's No. 1488

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara May Mead  
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 Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased September 29, 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 14  
If less than one day hr. min.

9. Birthplace Shellyville, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Jones

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

14. Maiden name Elizabeth  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Ross

(b) Address 1316 St. Louis Ave.

17. (a) Burial (b) Date thereof 2-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director E. J. Schnur  
(b) Address 3125 Lafayette Ave.

19. (a) FEB 15 1944 (Date received local registrar)  
J. F. Bredich (Registrar's signature)

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. 1316 St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th  
year 1944 hour 5:50 minute P. M.  
21. I hereby certify that I attended the deceased from Jan. 27th  
1944, to Feb. 12th 1944  
that I last saw her alive on Feb. 12th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident  
Due to Arteriosclerosis - generalized  
Other conditions  
(include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none  
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? Means of injury  
23. Signature Leo J. Meade (M. D. or other)  
Address 1515 Lafayette 2/15/44

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

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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 B. Vollmer*

Licensed Embalmer No. *41014*

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.**