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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1944

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15801

Registrar's No. 918

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6234 CRESTON (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 6234 CRESTON (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CLARA MASSMAN

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F ! 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VINCENT MASSMAN 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased AUG - 25 - 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 20 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name BERNARD NISSING
13. Birthplace ~~unknown~~ (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANGELA STEINMEIER
15. Birthplace ~~unknown~~ (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Mr. Vincent Massman

(b) Address 6234 Creston

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) APR 18 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1944 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 1942 to 4-15 1944 that I last saw her alive on 4-14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left leg — Duration 2 mo.

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 61

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 [signature] (M. D. or other) M.D.

Address 5738 W Pleasant Date signed 4-17-44

(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 Henry M Bramm

Licensed Embalmer No. 4200

P. O. Address.....

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

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