

FILED SEP 13 1944

Registration District No. 167

Primary Registration District No. 5594

State File No.

Registrar's No. 8-31

1. PLACE OF DEATH:

(a) County... JEFFERSON
(b) City or town... RURAL MERAMEC CO.
(c) Name of hospital or institution:
HIGH RIDGE MO
(d) Length of stay: In hospital or institution... 2 yrs
In this community... 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... JEFFERSON
(c) City or town... RURAL
(d) Street No... HIGH RIDGE MO.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME AMOS BARTON CLOUSER

3. (b) If veteran, name war... NONE 3. (c) Social Security No. 494-01-0040

4. Sex... MALE 5. Color or race... WHITE 6. (a) Single, widowed, married, divorced... MARRIED

6. (b) Name of husband or wife... MABEL C. CLOUSER (RICE) 6. (c) Age of husband or wife if alive... 55 years

7. Birth date of deceased... April 23 - 1899

8. AGE: Years 53 Months 3 Days 24

9. Birthplace... SHEADYVILLE ILL.

10. Usual occupation... STREET CAR OPERATOR

11. Industry or business... PUBLIC SERVICE P. ST. LOUIS

12. Name... MILTON CLOUSER

13. Birthplace... BEAUFORT MATTOON ILL.

14. Maiden name... BEAUFORT BEAUFORT MATTOON

15. Birthplace... ILL.

16. (a) Informant... John C. Clouser

(b) Address... 1744 N. Euclid Ave. St. Louis MO

17. (a) Burial, cremation, or removal... BURIAL (b) Date thereof... 8-20-1944

(c) Place: burial or cremation... ST. MARTIN'S CEM. HIGH RIDGE

18. (a) Signature of funeral director... J. B. Brummett

(b) Address... House Springs MO

19. (a) 17 Aug 1944 (b) J. A. Townsend

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1944 hour about 5 a.m.

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

Immediate cause of death... by Carbon monoxide gas attaching here to exhaust pipe of his car into rear window, and suicide

Due to... Other conditions... 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)... suicide Date of occurrence... Aug 17, 1944

(c) Where did injury occur? In public place (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work... (e) Means of injury... 3

23. Signature... Date signed... 8/17/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 9-12-43

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. 1470

P. O. Address Home Springs 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.