

FILED OCT 23 1944 818

Primary Registration District No. L1003

Registrar's No. 8769

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether

In this community
years, months or days)

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. 4823 Bulwer Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Claussen

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th
year 1944 hour 12:40 PM minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Louise Loeb Claussen nee Roediger 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 17, 1882
(Month) (Day) (Year)

that I last saw h..... alive on 19..... and that death occurred on the date and hour stated above.

AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>27</u>	hr. min.

Immediate cause of death Paralytic Strokes - Duration Brain Fracture left femur when he slipped and fell to the sidewalk at the Northwest Corner of Kang Avenue and Bulwer St. Oct 15, 1944 about 7:20 pm

Other conditions (Include pregnancy within 3 months of death) 186 29

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: Of operations 186 29

Of autopsy 29

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

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Elizabeth Wolf

(b) Address 4828 Bulwer Ave

17. (a) Burial (b) Date thereof 10/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Oct 15 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 16 1944 J. F. Bredek
(Date received local Registrar) (Registrar's signature)

While at work? Yes (Specify type of place)

Means of injury? Fall

23. Signature Thomas F. Callahan
Address Deputy Coroner Date signed 10-15-44

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

99

000
9/19

MOTHER FATHER

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 *Heidel G Burnley*
Licensed Embalmer No. *42021*
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.