S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35265

Primary Registration District No. 3063

Registrar's No. 2237

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Clayton, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Res: 6321 San Bonita Ave., 1
(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:

(a) State Missouri. (b) County St. Louis, 16

(c) City or town Clayton, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6321 San Bonita Ave., 3
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CLARA E. HEINRICH.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female. 1

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Julius Heinrich.

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

7. Birth date of deceased January (Month) 26, (Day) 1875. (Year)

8. AGE:

Years	Months	Days	If less than one day
69.	9.	7.	hr. min.

9. Birthplace Bunkerhill, (City, town, or county) Illinois. 1 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Sam W. Field.
13. Birthplace (City, town, or county) England. 4 (State or foreign country)

MOTHER
14. Maiden name Amelia Jopling.
15. Birthplace Unknown, (City, town, or county) Penn., 1 (State or foreign country)

16. (a) Informant Dan B. Sullivan.
(b) Address #4 Brookside, Ladue.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11/4/44. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) NOV 3 1944 (Date received local registrar) (b) E. G. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2nd year 1944 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 16 1944 to Sept 28, 1944 that I last saw her alive on Nov 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

97

Other conditions
(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 0

Signature M. E. S. Lutz (M. D. or other)

Address 4300 Wonebat Date signed 11/2/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. E. Sheets.
4300a Manchester Ave.,
FR: 3030.
1 to 2 P. M.

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 Clarence A. Murray

Licensed Embalmer No. 404

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.