

FILED DEC 5 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10161**

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:
Little Sisters of the Poor Home
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **over 1 yr**
(Specify whether
In this community _____
years, months or days) **5**

3. (a) PRINT FULL NAME **Clara Mandelen**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Unknown About 1867**
(Month) (Day) (Year)

8. AGE: Years **77** Months **Unknown** Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Illinois!**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin C. Moehlmann**

(b) Address **Centralia, Illinois**

17. (a) **Burial** (b) Date thereof **11/29/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Wm B. Moydell**

(b) Address **1926 Allen Ave.**

19. (a) **NOV 29 1944** (b) **J. F. Bedeck**
(Date received local registrar) (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. **1728 S. 10th St.**
3400 S. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**
year **1944** hour **6** minute **a** M.

21. I hereby certify that I attended the deceased from **Nov 14** to **Nov 28, 1944**
that I last saw **her** alive on **Nov 27, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease**
Myocardial Infarction
Due to **arteriosclerosis**
Due to **Coronary Sclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____ (Specify type of place) (If means of injury)

23. Signature **J. F. Bedeck** (M. D. or other) _____
Address **607 W. Grand St.** (Date signed) **11/28**

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 *JM*

....., Registered Apprentice No.
working under my personal supervision.

Signed *D. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave.

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.