S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1945

34310

State File No.

Registration District No. 213 Primary Registration District No. 3051 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Perry

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 68-7-17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Perryville Mo. /
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara J. DeLassus

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Felix DeLassus

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

7. Birth date of deceased January (Month) 28 (Day) 1877 (Year)

8. AGE: Years 68 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Perry Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name August A. Doerr
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Evelyn Entler
15. Birthplace (City, town, or county) ILL. (State or foreign country)

16. (a) Informant Mrs. Selma Mason

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) 9-16-45 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

1652

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar. 15, 1945 to Sept 15, 1945 that I last saw her alive on Sept 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, Metastatic	6 mon.
Due to: Ovarian Carcinoma	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 49

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 O A Carron (M. D. ~~or other~~)

Address Perryville Mo Date signed 9-15-45

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1045-121
Date Filed 10-18-45

FEB 27 1946

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.