

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39021**
Registrar's No. **11675**

FILED JAN 11 1948
Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max O. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial
(Specify whether years, months or days)

In this community About 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LAURA CLAYWELL

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles Claywell

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 4 16 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Winchester ILL
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Alfred Claywell

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

14. Maiden name Unknown

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

16. (a) Informant Charles Claywell

(b) Address 4709 Sacramento Ave

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 1-2-45
(Month) (Day) (Year)

(c) Place: burial or cremation Versailles, ILL

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) 1948 1946 (b) J. F. Biedack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4709 Sacramento Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1945 hour 12:25 minutes P M.

21. I hereby certify that I attended the deceased from 12/23/45 19____ to 12/31/45 19____
that I last saw h. er alive on 12/31/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent heart disease

Due to _____

Due to _____

Other conditions 9/3
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature James J. [unclear]
(Specify type of place) (c) Means of injury

Address 1515 Lafayette Date signed 1/2/46

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.....

Marie A. Cashion

Licensed Embalmer No. *3949*

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.