

FILED FEB 21 1946
318

State File No. _____
Registrar's No. 810

Registration District No. _____ Primary Registration District No. 1003

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:
5516 St. Louis Ave. (Rear)
 (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 _____
 (c) City or town. St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5516 St. Louis Ave. (Rear)
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Clabaugh
 (b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
 year 1946 hour 5:00 minute _____ A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles E. Clabaugh 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased November 25, 1863.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1946, to Jan 23, 1946
 that I last saw her alive on Jan 22, 1946
 and that death occurred on the day and hour stated above.

Immediate cause of death Coronary occlusion Duration 1/9/46

8. AGE: Years Months Days If less than one day
82 1 28 hr. _____ min.

Due to arteriosclerosis
 Due to _____

9. Birthplace Detroit, Michigan
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Housework

11. Industry or business _____

12. Name Mr. Schulteis

13. Birthplace Germany
 (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 Charles E. Clabaugh

(b) Address 5516 St. Louis Ave. (Rear)

17. (a) burial (b) Date thereof Jan. 26, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 24 1946 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature J. F. Bergeman (M. D. or other) M.D.
 Address 3720 Washington Date signed 1/24/46

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

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 John A. Mlinar

Licensed Embalmer No. 4186

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.