

W. Schumacher
State File No. 7082

FILED MAR 9 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 538

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3003-Hilleman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Johns 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3003-Hilleman Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wanda Lee Claspille

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 25 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X X X 3 hr. 49 min.

9. Birthplace St. Johns Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Shelby R. Claspille
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Vera L. Holmes
15. Birthplace Ottawa Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Shelby R. Claspille

(b) Address 3003-Hilleman Overland-21-Mo

17. (a) Burial (b) Date thereof 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Bannan Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 3-4-46 (b) Ed M. Danan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1946 hour 2 minute 31 A.M.

21. I hereby certify that I attended the deceased from Feb 26 1946 to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency 3 hrs 49 min
Duration

Due to 1572

Due to _____

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:

(c) 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) (e) Means of injury _____

23. Signature W. Schumacher (M. D. or other) _____

Address 8816 E. Charles St Date signed Feb 28 1946

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.....

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

Signed Herald K. Braun

Licensed Embalmer No. 4337

P. O. Address Overland

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.