

FILED MAY 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3809 Dunnica
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **life**
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. **3809 Dunnica**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Clara Ernestine Luippold**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

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 **Sept. 16 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **not known** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frederick W Rehbein**

13. Birthplace **not known** **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Patzer**

15. Birthplace **not known** **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otilia Boss**

(b) Address **3809 Dunnica**

17. (a) **burial** (b) Date thereof **4/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **John L Ziegenhein & Sons**

(b) Address **7027 Gravois**

19. (a) **APR 23 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1946** hour **13:00** minute **0** M.

21. I hereby certify that I attended the deceased from **1935** - **3**
1935 to **4-21** 19 **46**
that I last saw her alive on **4-10** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to **61**

Other conditions **Diabetes mellitus**
(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) (e) Means of injury _____

23. Signature **P. V. Gannon** (M. D. or other) _____
Address **2767^{1/2} Park Ave** Date signed _____

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..... *Sheldine Collier*.....

Licensed Embalmer No..... *3382*.....

P. O. Address..... *7027 Travis*.....

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.