

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John H. Claves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary E. Claves

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 17, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Valhalla Cemetery

MOTHER FATHER

12. Name Henry Claves

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Langhorst

15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Claves

(b) Address 5816 Neosho

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

(b) Date thereof 11/30/46
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

(b) Address 7027 Gravois

19. (a) NOV 29 1946
(Date received by Registrar)

J. F. Brudeck
(Registrar's signature)

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. 5816 Neosho
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1946 hour 2:50 minute 00 M.

21. I hereby certify that I attended the deceased from Nov 17 1946 to Nov 27 1946
that I last saw him alive on Nov 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Atypical Lobes Pneumonia Bilateral

Due to unable to type, no cough or sputum

Other conditions Leukopenia

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
1. Of operations _____

Of autopsy none

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? _____

Where at work? _____

(Specify type of place)

(e) Means of injury _____

Signature Behasht Kelly (M. D. optional)

Address 3606 Gravois Date signed 11/28/46

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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 Frank J. Stone

Licensed Embalmer No. 7245

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.