S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6228 1729

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 Hosp. O
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3643 Connecticut St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLARA EISLEBEN

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Louis Eisleben
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April (Month) 5 (Day) 1872 (Year)

8. AGE: Years 74 Months 10 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Charles Hufnagel 11
13. Birthplace (City, town, or county) Germany 7 (State or foreign country)

MOTHER
14. Maiden name Mary Anstedt 11
15. Birthplace (City, town, or county) Germany 7 (State or foreign country)

16. (a) Informant Louis Eisleben
(b) Address 3643 Connecticut
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Feb. 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Masoleum
18. (a) Signature of funeral director C. Hoffmeister Colonial Mort
(b) Address 6464 Chippewa St.
19. (a) FEB 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 10 1946, to Feb. 19 1947
that I last saw her alive on Feb. 18 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Bowel due to peritonitis	3 da.
Due to Carcinoma of sigmoid	
Due to at its junction with colon	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Massive Carcinoma of Recto Sigmoid Junction
Of autopsy Same as above.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. L. Kittel (M. D. or other)
Address 3606 Gravois Date signed 2/19/47.

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 1949

Dr. Hertel
3606 Gravois
1:00 PM

JAN 25 1949

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.