No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43807
Registrar's No. 2649

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CARSONVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8824 RAMONA (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town CARSONVILLE (If outside city or town limits, write "RURAL")
(d) Street No. 8824 RAMONA (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CLARA M. HEINRICH
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife WALTER HEINRICH
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased JUNE-16-1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 5 If less than one day ..... hr. ..... min.
9. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
FATHER
12. Name JOHN KLUTENKAMPER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY KETTLEMAN
15. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)
16. (a) Informant Walter E. Heinrich
(b) Address 8824 Ramona
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FERDINAND'S CEM
18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge Rd
19. (a) 12-22-47 (Date received local registrar) (b) Cecil [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 7:15 hour ..... minute A M.
21. I hereby certify that I attended the deceased from 12-20 1947 to 12-21 1947 that I last saw her alive on 12-20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	24 hrs
Due to arteriosclerosis	
Due to — 940	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 G. Fuchs (M. D. or other)
Address 608 Kingsland Date signed 12-22-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.