

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max Starkloff
(If not in hospital or institution, write street number or location) Memorial 23
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME ELMER CLASPILL
3. (b) If veteran, name war WW1
3. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 3 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name James Claspill
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Blanton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Schmitz
(b) Address 2418 a McNair ave.

17. (a) Burial (b) Date thereof Feb. 10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National emetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) FEB 6 1948 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County and
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2418 A McNair ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6th
year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2/2/48
_____ 19____ to Feb. 6th 19 48
that I last saw him alive on Feb. 6th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Congestive Heart Failure
Due to Rheumatic Heart Disease
Due to MI
Other conditions Hypertrophic arthritis
Epilepsy
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 John Murphy M.D. (M.D. or other) _____
Address 1515 Lafayette Date signed 2/8/48

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

STATE

STATE

ON

DATE

TIME

OF

BY

NAME

NO.

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. Hoffmann*

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.