DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1948

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24178

Primary Registration District No. 1003

Registrar's No. 6194

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 JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 60

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. CONGRESS HOTEL 9
(If rural, give location)

12 - 275 Union Blvd

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

If yes, name country

3. (a) PRINT FULL NAME LOUISE CLEMENS

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased NOV (Month) 15 (Day) 1880 (Year)

8. AGE: Years 67 Months 7 Days 25 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name FRED CLEMENS
13. Birthplace WESTPHALIA GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GERTRUDE SUTTER
15. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. JULIUS S. FEYDT

(b) Address 6374 WATERMAN AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Wm J Robert L. & U. Co.

(b) Address 1905 So GRAND BLVD

19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bracek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-29-48, 19, to 7-9-, 1948 that I last saw her alive on 7-9-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Supracondylar fracture of left femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/13/48

Of autopsy

Duration

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) accident

(b) Date of occurrence 6-28-48

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? St Johns Hosp. (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Geo. T. Gafney (M. D. or other) M.D.

Address 634 N. Grand Blvd Date signed 7-12-48

GEORGE T. GAFNEY

(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.....J Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.