

FILED SEP 13 1948

Registration District No.

318

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

27592

Registrar's No.

7696

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..... **4971 Nat'l Bridge Ave.**
 (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, months or days)

3. (a) PRINT
FULL NAME**Hattie Clevensline**

3. (b) If veteran,

name war..... **No**

3. (c) Social Security No.

None

4. Sex..... **Female**
 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Widow**
 6. (b) Name of husband or wife..... **Robert G. Clevensline**
 6. (c) Age of husband or wife..... **alive**
 7. Birth date of deceased..... **Feb. 15, 1880**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **6** **15** hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **August Niemeyer**

13. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Carrie Wulfmeyer**

15. Birthplace..... **St. Louis**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Robert H. Clevensline**

(b) Address..... **2529 Wallis, Overland, Mo.**

17. (a) **Burial** (b) Date thereof..... **Sept. 2, 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Paschedag-Henke**

(b) Address..... **2825 N. Grand Blvd**

19. (a) **SEP 1 1948** (b) **J. F. Braseck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **000**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **4971 Nat'l Bridge Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** **30** day
 year..... **1948** hour..... **11** minute..... **45 P.** M.

21. I hereby certify that I attended the deceased from..... **Dec. 12, 1946**, to..... **Aug. 30, 1948**.
 that I last saw him alive on..... **Aug. 30, 1948**.
 and that death occurred on the date and hour stated above.
 Immediate cause of death..... **Diabetes**
 Duration..... **2 yrs.**

Due to..... **61**
 Due to.....

Other conditions..... **Diabetes, Gangrene**
 (Include pregnancy within 3 months of death)
 Duration..... **11 Days**

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.....

23. Signature..... **Richard J. Clevensline** (M. D. or other) **M.D.**

Address..... **5146 St. Louis Av** Date signed..... **8-31-48**

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

Robert M. Murray
Licensed Embalmer No. *3749*
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.