

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

State File No. 27897
Registrar's No. 7226

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(c) Name of hospital or institution.....
(d) Length of stay: In hospital or institution.....
In this community.....

3: (a) PRINT FULL NAME CLARA I. KEUNE

3. (b) If veteran, name war..... 3. (c) Social Security No.
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUDWIG 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased JULY 6 1875

8. AGE: Years 73 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SIMON MAUSHUND
13. Birthplace GERMANY 4
14. Maiden name MARIA RASCHE
15. Birthplace PENNSYLVANIA

16. (a) Informant LUDWIG KEUNE

(b) Address 2909 WYOMING

17. (a) BURIAL (b) Date thereof AUG. 19, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PK

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAVOIS ST. LOUIS, MO

19. (a) AUG 17 1948 (b) J. F. Bredebeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2909 WYOMING (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 16 year 1948 hour 7 minute 6 45 A.M.

21. I hereby certify that I attended the deceased from 71 47 Aug 16 48 that I last saw her alive on Aug 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ac Coronary Failure & Thromboplegia left Duration 2 1/2 hrs

Due to Chronic Myocarditis of Chronic Atherosclerosis & Chronic Atherosclerosis & (Chronic) old Traic R. Hyp

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NONE 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?.....

23. Signature George J. Meher (Specify type of place) (e) Means of injury While at work? (M. D. or other)

Address 2902 Olive Date signed 8/16/48

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250700.211.

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 Leo J. Duddle

Licensed Embalmer No. 3989

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.