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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38216

Registrar's No. 9695

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: 3136 LAFAYETTE AV (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County

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

(d) Street No. 3136 LAFAYETTE AV (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARA HENLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE. 1

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W 2

6. (b) Name of husband or wife CHARLES HENLEY

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1877 (Year)

8. AGE: Years 71 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation ATTENDENT

11. Industry or business CITY HOSPITAL

MOTHER FATHER

12. Name JOHN SCHWAB

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

14. Maiden name LOUISE RAMFT

15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Miss Jeanne Fauenthal

(b) Address 5629 S. Kingshighway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 9-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ IRONTON, MO

18. (a) Signature of funeral director E. J. Schnurr

(b) Address 3125 Lafayette Av.

19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6 year 1948 hour 10:25 minute p.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 200 Date signed NOV 8 - 1948

(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.....

Licensed Embalmer No. 3125 Lafayette Ave

P. O. Address St Louis Mo 14

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.