

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24415

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens 4010	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 9926 Jeffery Drive 15	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) E c. (Last) CLASQUIN SR			4. DATE OF DEATH (Month) (Day) (Year) June 17 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1880	9. AGE (In years last birthday) 70	10. MONTHS 10	11. DAYS 7	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker (retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brooklyn, Ill		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Alphonse Clasquin	13b. MOTHER'S MAIDEN NAME Stella Prange	14. NAME OF HUSBAND OR WIFE Anna Gallo Clasquin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-09-0876	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Clasquin	9926 ADDRESS Jeffery Dr.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>ANGOR PECTORIS of heart</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 45 ft
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22. I hereby certify that I attended the deceased from *Orkey* on *June 17, 1951*, and that death occurred at *7:15* m. on *June 17, 1951*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edmund Meller, MD</i>	23b. ADDRESS 4114 W. Florissant	23c. DATE SIGNED 6/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 6/20/51	24c. NAME OF CEMETERY OR Sts. Peter and Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG JUN 18 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE 4746 ADDRESS Bromschwig and Son W Florissant
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. W. Wilkinson

Licensed Embalmer No. 3575

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.