

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034148

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

XC-2758412

SL 235H

Primary Registration District No. 1003

Registrar's No. 8793

STATE FILE NUMBER

AMENDED

FILED SEP 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 37 DAYS	c. CITY OR TOWN SAINT LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4389 CHOUTEAU		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS E. CLAUSON			4. DATE OF DEATH Month Day Year SEPTEMBER 21, 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-95	9. AGE (last birthday) 66	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INK MAKER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) CAIRO, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE CLAUSON		13b. MOTHER'S MAIDEN NAME MARGARET EVANS		14. NAME OF HUSBAND OR WIFE GOLDIE CLAUSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT GOLDIE CLAUSON, 4389 CHOUTEAU,		Address ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR INSUFFICIENCY DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (c) 422-1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. VA attended the deceased from 8-15-61 to 9-21-61 and last saw him alive on 9-21-61 Death occurred at 9:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE CONSTANCE P. ...			22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 9-22-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 So. Broadway St. - Latta, Mo.		25. DATE RECD. BY LOCAL REG. SEP 22 1961	26. REGISTRAR'S SIGNATURE Load Smith, M.D.		

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John S. Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.