

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2365
Registrar's No. 311

FILED FEB 9 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
3112a N. Taylor Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

3: (a) PRINT FULL NAME Lucy Clawsey
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 Widow
6. (b) Name of husband or wife Thomas Clawsey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 30 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 28 hr. min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Patrick Collins
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Collins
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. P. Clawsey
(b) Address 3112a N. Taylor Ave.
17. (a) Burial (b) Date thereof 1/ /48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) JAN 30 1948 (b) J. F. Bredek
(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. 3112a N. Taylor Ave.
10 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan 18, 1948 to Jan 26, 1948
that I last saw her alive on Jan 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 1/29/48

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 *Ben Hoffman*
Licensed Embalmer No. 4366
P. O. Address *Adams, 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.