

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20482

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **57** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Elizabeth Claudell**  
 (a) Residence, No. **5800 Arsenal** St. **13** **434**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August Claudell**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 22, 1850**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**88 0 29**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hswk.**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Ireland. 5**  
 FATHER 13. NAME **Unknown 9**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9  
 MOTHER 15. MAIDEN NAME " " 9  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

17. INFORMANT **J.G. Sullivan**  
 (ADDRESS) **5800 Arsenal St.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Catholic** DATE **June 23, 1938**  
 19. FUNERAL DIRECTOR **Thos J. Sullivan**  
 (ADDRESS) **1519 S Grand Blvd**  
 20. FILED **J.P. Beck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 20, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **October 11, 1934 to June 20, 1938**  
 I last saw her alive on **June 20, 1938**. Death is said to have occurred on the date stated above, at **9:40 P.M.**  
 The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis*  
*Chr. Bronchitis*

Date of onset

Other contributory causes of importance  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) **Henry J. Glouch**, M. D.  
 (Address) **566 Arsenal**

JUN 22 1938

WHITE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

95700

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Howard P. Rowland* .....

Licensed Embalmer No. *3114*

**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.)**