

6. 2
13-40
17-39
X23159

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2331

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2200 Bredel Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days 3

3. (a) PRINT FULL NAME Julia Clausen

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 Widowed

6. (b) Name of husband or wife James Clausen 6. (c) Age of husband or wife if alive 10 1870 (Year)

7. Birth date of deceased May (Month) 10 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>29</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Alexander Vincent

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

14. Maiden name Elizabeth Taffar

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

16. (a) Informant E. J. Weynacht

(b) Address 7394 Norwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 10 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7394 Norwood Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1940 hour 4 minute 04 P.M.

21. I hereby certify that I attended the deceased from May, 1938, to Nov 9, 1940 that I last saw her alive on December 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min.

Due to Arterio Sclerosis of Coronary Artery 3 years

Due to 94%

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address 7161 Delmar Date signed Dec 10 1940

Mr. Room
7161 Belmore
12-1

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 Warren A. Carver

Licensed Embalmer No. 3435

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.