

**FEB 25 1947 91**  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Enroute City Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2317  
(d) Street No. 1814 Sidney St.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William H. Clausen

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 9 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>8</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Store

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Clausen  
13. Birthplace Denmark  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherin Laufer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Clausen  
(b) Address 1814 Sidney St.

17. (a) Burial (b) Date thereof 1/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) JAN 27 1941 (b) J. H. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th  
year 1941 hour 2:25 minute \_\_\_\_\_ A. M. \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1st, 2nd, & 3rd Degree Burns of face, head, arms, and feet, suffered in a fire of undetermined origin at 1814 Sidney St., about 2:20 A.M., January 25, 1941. Damage to the building \$100.00, to contents \$50.00.

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) Accident  
(b) Date of occurrence Jan. 25, 1941  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 1/27/41

**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..... *Albert G. Hoyle*

Licensed Embalmer No..... *2971*

P. O. Address.....

**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.**