

Registration District No. 791

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmery 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo. 28 days
(Specify whether years, months or days)

In this community 77 years

3. (a) PRINT FULL NAME John Clispys

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown Unknown 1863
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 78 | | | hr. min. |

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

10. Usual occupation None

11. Industry or business.....

12. Name John Clispys

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

14. Maiden name Regina Obrach

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

16. (a) Informant J. S. Sullivan

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 6/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 23 1941 (b) J. T. Bruden
(Date of burial or cremation) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1312
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1940, to June 21, 1941,
that I last saw him alive on June 21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 2 days

Due to Degenerative heart disease

Due to.....

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 L. S. Stark (M. D. or other).....
Address 5800 Arsenal Date signed 6/22/41

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.....

Sheldon Collier

Licensed Embalmer No. *3382*.....

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.