S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25234

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1673

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital 0 (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: 96

(a) State Mo. (b) County St. Louis 5

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 5

(d) Street No. 1614 Yale Av. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Elizabeth M. Clement

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charles R. Clement | 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased March 1, 1872 (Month) (Day) (Year)

8. AGE: Years 70 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Sappington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name John Heetveld
13. Birthplace ..... (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Gardner
15. Birthplace ..... (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Charles F. Clement (Son)

(b) Address 1614 Yale Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, '42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Av.

19. (a) JUL 30 1942 (Date received local registrar) (b) C. G. McGanan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10 30 A.M. 7-29 1942 to 8 P.M. 7-29 1942 that I last saw her alive on 3 P.M. 7-29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Shock | Duration 6 hrs

Due to Bowel Obstruction | 12 hrs

Due to Ileitis | 16 hrs

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) | 2 yrs.

Major findings: Of operations Bowel Kinked at root of mesentery 8 feet of bowel [illegible] Ileitis

Of autopsy Ileitis 8 feet.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. S. [illegible] (M. D. or other) MD

Address 2816 Sutton Date signed 7-30-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

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.