

FILED SEP 18 1942

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7388

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 7 days
(Specify whether
In this community..... 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28
(c) City or town Steeleville, Mo. NR
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... no / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Eura A. CLONTS

3. (b) If veteran,
name war.....

3. (c) Social Security
No. none

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, 2 divorced, Widow
6. (c) Age of husband or wife if
Carl Clonts alive — years
7. Birth date of deceased..... 3 3 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 29
If less than one day
hr. min.

9. Birthplace..... Washington Co. (State or foreign country) 0

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name Jacob Harper

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

14. Maiden name McMannus

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

16. (a) Informant L. J. Jones

(b) Address Steeleville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-42
(Month) (Day) (Year)

(c) Place: burial or cremation..... Steeleville, Mo

18. (a) Signature of funeral director..... Alexander Sons

(b) Address 617 S Delmar Blvd

19. (a) SEP 3 1942 (Date received local registrar) (b) J. P. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1942 hour 11:20 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 26 1942 to Sept 2 1942
that I last saw her alive on Sept 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure
Myocarditis
Due to Thyroid - Toxin

Due to Endometritis
Other conditions (Include pregnancy within 3 months of death) lvb

Major findings: Endometritis, Relivision
Of operations Repaired

Duration
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 Joseph Stewart (M. D. or other) 17
Address 121st Aldg Date signed 9-3-42

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 jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.