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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

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

NOV 18 1943

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9823

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 17 Days
(Specify whether years, months or days)

In this community 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2037a Maury Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country _____

3. (a) PRINT FULL NAME Richard H. Clouse

3. (b) If veteran, name war _____ 3. (c) Social Security No. 328-03-7620

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

6. (b) Name of husband or wife Frieda (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 12 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8, year 1943 hour 12:25 minute F. M.

21. I hereby certify that I attended the deceased from August 22, 1943 to November 8, 1943 that I last saw him alive on November 8, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57	5	26	hr. _____ min.
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Immediate cause of death Bronchogenic carcinoma = cerebral metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Birkner Station Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Work

11. Industry or business _____

MOTHER FATHER {

12. Name Marcellus Clouse

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

14. Maiden name Martha Boltman

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

Major findings: bronchogenic carcinoma

Of operations biopsy showed carcinoma

Of autopsy as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frieda Clouse

(b) Address 2037a Maury Ave.

17. (a) Cremation (b) Date thereof Nov. 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John H. Wilken Sons

(b) Address 12630 Gravois Ave

NOV 9 1943 (Date received by registrar) J. F. Bredek (Registrar's signature)

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 John P. Pope (M.P./S.P.) 11/8/43

Address 1515 Lafayette Avenue Date signed _____

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 Robert J. Gebken
Licensed Embalmer No. 4144
P.O. Address 2630 Gravois Ave.

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.