S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12650

Primary Registration District No. 1003

Registrar's No. 4046

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: 3856b Texas Ave., / (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: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 924 (If outside city or town limits, write "RURAL")

(d) Street No. 3856b Texas Ave., (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Bruce Claypool,

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-0173

4. Sex Male,

5. Color or race White, 0

6. (a) Single, widowed, married, divorced Divirced, 3

6. (b) Name of husband or wife Emma,

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

7. Birth date of deceased May (Month) 10, (Day) 1876. (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Huttsenvill, (City, town, or county) Illinois, / (State or foreign country)

10. Usual occupation Conductor Public Service

11. Industry or business Retired 2 Years,

FATHER
12. Name William Claypool,
13. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know,
15. Birthplace Dontt Know, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hazel Barrett,

(b) Address 3856b Texas Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) MAY 1 1944 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1944 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from July 1943, to 4/29/50, 1944, that I last saw him alive on 4/29/ 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3702 Grobes Date signed

(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.....Joe S. Benz.....

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St. St. Louis, Mo.....

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.