V. 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 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14590

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3987

1. PLACE OF DEATH:

(a) County City of St. Louis

(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: Deaconess Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~City of St. Louis~~ 800

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 7152 Lindenwood (If rural, give location) 3 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lydia S. Clamors

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Clamors

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec (Month) 24 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	5	hr. min.

9. Birthplace Creve Coeur, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sebastian Bopp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hoffman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward Clamors

(b) Address 7152 Lindenwood, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cemetery, Depere Mo

18. (a) Signature of funeral director Schrader Und. Co.

(b) Address Ballwin, Mo

19. (a) MAY 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month APRIL day 29 year 1946 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from MARCH 25, 1946, to APRIL 29, 1946; that I last saw her alive on APRIL 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION

Due to HEART FAILURE

Due to

Other conditions ASCITES, CIRRHOSIS of LIVER (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 0

23. Signature Robert M. Keller (M. D. or other) MD

Address 3284 Tuxhal Date signed 4/30/46

(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 Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address 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.