

FILED MAR 11 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: **318**

(a) County.....

(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:
St John Hospital. **0**
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Sallie J. Clabaugh.

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 Widowed.

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

7. Birth date of deceased Aug 12 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 12 hr. min.

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

10. Usual occupation None.

11. Industry or business.....

12. Name ? Mara.

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

14. Maiden name Unknown.

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

16. (a) Informant Arthur Clabaugh.

(b) Address 5354 Geraldine.

17. (a) Burial. (b) Date thereof Feb 27 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters' Cemetery.

18. (a) Signature of funeral director Edith E. Ambruster.

(b) Address 4234 Manchester.

19. (a) FEB 26 1947 (b) J. F. Breeseh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County..... **000**

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL") **1617**

(d) Street No. 4716 Arsenal.
(If rural, give location) **1690**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1947 hour 3.30 P. Minute..... M.

21. I hereby certify that I attended the deceased from 1926
..... 19..... to 1947 19.....
that I last saw him alive on 2/24/47 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... neural Duration 6 d.

Due to.....

Due to.....

Other conditions Diabetes 10
(Include pregnancy within 3 months of death)

Major findings: 61

Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature Chinnelle (M. D. or other).....

Address Humboldt Bldg Date signed 2/26/47

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

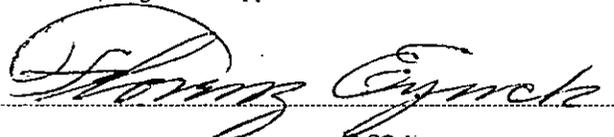
MOTHER FATHER

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. 1284.....

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..