

FILED MAR 14 1947
318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

2264

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:
4452 Maryland Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 48 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4452 Maryland Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1947 hour 2:55 minute..... M.
21. I hereby certify that I attended the deceased from January
30th 1947 to March 4th 1947
that I last saw him live on March 4th 1947, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral hemorrhage
Due to arterio-sclerosis
hypertension
Due to.....

Duration
acute
several
years

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

Major findings:
Of operations.....

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 Thomas E. Puderer (M. D. or other)
Address 4660 Maryland Date signed 3/4/47

3. (a) PRINT FULL NAME George Claves

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Emilie Claves 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Unk. Unk. 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt - 77 Unk. Unk. hr. min.

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

10. Usual occupation Retired, Trust Officer.

11. Industry or business Miss. Valley T. Co.

12. Name Edwin B. Claves

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

14. Maiden name Catherine Cram

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

16. (a) Informant Mrs. Emilie Claves

(b) Address 4452 Maryland Ave.

17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) 1947 5 1947 (b) J. F. Puderer
(Date received from registrar) (Registrar's signature)

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

APR 21 1948

APR 20 1948

FEB 6 1950

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.