

Registration District No. **11-1947**

318

Primary Registration District No.

1003

Registrar's No. **2186**

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:
Desloge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Louise J. Clostermeyer

3. (b) If veteran, name war --- 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 14th, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 17 hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation home

11. Industry or business.....

12. Name Oscar Clostermeyer

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

14. Maiden name Sophie Mueller

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Clostermeyer

(b) Address 3657 Montana, St. Louis, Mo.

17. (a) burial (b) Date thereof Mar. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Wacker-Kellaher & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) Mar 4 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4038 Minnesota Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12-5 1945 to 3-1 1947
that I last saw her alive on 2-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion Duration 10 min.
Due to Arterio Sclerosis ?

Due to.....
Other conditions Chronic Fibrosis ?
(Include pregnancy within 3 months of death)
of lungs

Major findings:
operations.....
Of autopsy not done PH

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?..... (c) Means of injury.....
23. Signature E. Ree Shrader (M. D. or other) 0
Address 3720 Washington Date signed 3-3-47

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..... *Frank J. Gylard*
Licensed Embalmer No. *2645*
P. O. Address. *St Louis*

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.