S. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7294

Primary Registration District No. 3070

Registrar's No. 551

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 816 E BIG BEND RD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 816 E BIG BEND RD. 4
(If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME JACOBINA BRAROE CLAUSEN

3. (b) If veteran, name war N

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife THEODORE CLAUSEN

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

7. Birth date of deceased DECEMBER 16 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name PETER NISSEN BRAROE
13. Birthplace MAERSTRUP (City, town, or county) DENMARK (State or foreign country)

MOTHER
14. Maiden name MAREN FRIESE
15. Birthplace UNKNOWN (City, town, or county) DENMARK (State or foreign country)

16. (a) Informant Florence Clausen Kisch

(b) Address 671 ATALANTA AVE W. G.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Lund Co

(b) Address WEBSTER GROVES MO.

19. (a) 3-13-47 (Date received local registrar) (b) Ruth Gillen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Third day Eight year 1947 hour 10 minute 45 a M.

21. I hereby certify that I attended the deceased from 6-17- 1941, to 3-8- 1947 that I last saw her alive on 3-8- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hour
Due to Chronic, Cardo-Vascular disease	6 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy

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 Arthur W Westrup (M. D. ~~other~~)

Address Webster Groves, Mo Date signed 7-8-47

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.