

No. 2
12-45
-17-39
X47070

State File No. _____
Registrar's No. 323

Registration District No. 57

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Rural Wellerston Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincents Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Clara Townsend

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

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7-28-1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Teacher

11. Industry or business _____

12. Name David W. Townsend

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

14. Maiden name Mary Ellen Brown

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

16. (a) Informant W DONALD DUBAIL

(b) Address 317 - N. 11th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation LEMARS IOWA

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Ave

19. (a) 2-14-47 (Date received local registrar) (b) Arthur Geller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 13
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2107 S. GRAND BLVD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/12/47 day _____
year _____ hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from 2/5/47 to 2/12/47
that I last saw her alive on 2/12/47
and that death occurred on the date and hour stated above.

Immediate cause of death SENILE DEMENTIA Duration _____

Due to ARTERIOSCLEROSIS

Due to 1860

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

FRACTURED LEFT HIP

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence 1-25-47

(c) Where did injury occur? Pt fell from bed
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
hospital

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature: F. E. Kelso (M. D. or other)

Address 7300 St. Charles Road Date signed 2/14/47

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

APR 30 1947

MAR 9 1948

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 Ernest W. Spillars
Licensed Embalmer No. 4080

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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Belton

(c) Name of hospital or institution: St. Vincent San.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Clara Townsend

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

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

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

7. Birth date of deceased 7-28 (Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

MOTHER FATHER:

11. Industry or business _____

12. Name Frank W. Townsend

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

14. Maiden name Mary Ellen Bond

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

16. (a) Informant Anna D. Stone

(b) Address 317-N 14th St

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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. 2157 S Grand (If rural, give location)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month _____ year _____ hour _____ minute 50 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Senile Dementia Duration _____

Due to Arteriosclerosis

Due to Bronchopneumonia

Other conditions (Include pregnancy within 3 months of death) Fracture left hip

Major findings: Of operations _____

Of autopsy 1/16/47

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) accident

(b) Date of occurrence 1-25-47

(c) Where did injury occur? pt. fell from bed. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? hospital (Specify type of place) (e) Means of injury _____

23. Signature J. R. Kubisch (M. D. or other) _____ Address _____ Date signed _____

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

SUPPLEMENTARY

12013