No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32330

Primary Registration District No. 1003

Registrar's No. 8397

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

1. PLACE OF DEATH:

(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. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4367 Washington Ave 9
(If rural, give location)

Memorial 19 0

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

If yes, name country

3. (a) PRINT FULL NAME Clara Halvorson Biondo

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 Married

6. (b) Name of husband or wife Dominic Biondo

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 9/2/1907 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 40 | 0 | 0 | hr. min. |

9. Birthplace Watertown (City, town, or county) South Dakota (State or foreign country)

10. Usual occupation Lace Maker

11. Industry or business International Shoe Co

FATHER
12. Name John Halburson
13. Birthplace (City, town, or county) Norway (State or foreign country) 4

MOTHER
14. Maiden name Bessie Johnson
15. Birthplace (City, town, or county) Norway (State or foreign country) 4

16. (a) Informant Bessie Danielson
(b) Address 4367 Washington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1947 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from 8/30/47, 19, to Sept. 2nd 19 47 that I last saw her alive on Sept. 2nd 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Toxic psychoses etiology unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 84

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 (1)

23. Signature John R. Loughead, MD (M.D. or other) 9/3/47

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.**