

No. 2
2-45
17-39
X47070

FILED OCT 23 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8783

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: Enroute City Hospital
(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 CLEMENCE SEWING

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anthony Sewing
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Frances Schriever

(b) Address 5510 Delor

17. (a) Cremation (b) Date thereof Oct. 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel Memories

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) OCT 9 1948 (b) R. B. Lacoste
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5510 Delor
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country France

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1948 hour 5:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration _____
following ruptured liver; when she
was found lying on front steps
underneath open second floor window
at her home, on Oct. 8, 1948, about
4:50 P.M. WHETHER ACCIDENTAL OR
INTENTIONAL COULD NOT BE DETERMINED.
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Open verdict

(b) Date of occurrence 10-8-1948

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) _____

(e) Means of injury see above

23. Signature Deloris E. Dyer (M.D. or other) _____

Address _____ Date signed 10/9/48

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.

Sig. Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.