

FILED APR 19 1945  
Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 363

4  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Farmington, Route 1, St Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 1/2 hrs  
(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 St Francois

(c) City or town Farmington Route 1 9/4  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theresa Amanda Cleue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5  
year 1945 hour 1 minute 45 PM

21. I hereby certify that I attended the deceased from Mar 3  
1945 to Mar 5 1945

that I last saw her alive on Mar 4 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy 2 1/2 days

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George Cleue 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 22 1872  
(Month) (Day) (Year)

Due to Hypertension

Due to arteriosclerosis  
vefuit

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no 3/5/45

8. AGE: Years 72 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Care of home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Miller

13. Birthplace Iron Mountain MO (City, town, or county) (State or foreign country)

14. Maiden name Clara Zimer

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

16. (a) Informant George Cleue

(b) Address Farmington MO, Route 1

17. (a) Burial (b) Date thereof 3 8 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director L. M. Stiefel

(b) Address Desloge MO

19. (a) 3-30-45 (b) James Blakemore  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature L. M. Stiefel (M. D. or other) 100

Address Farmington MO Date signed 3/7/45

1572

APR 20 1945

RECEIVED

District Health Officer No. 4

District File Number 445-522

Date Filed 4-17-45

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 *C. J. Bager*

Licensed Embalmer No. 1671

P. O. Address *Dorsey Ave*

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.