DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37540

Registration District No. 1008 — Primary Registration District No. — Registrar's No. 9379

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4040 a Greer Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis, 1.0 (If outside city or town limits, write "RURAL")

(d) Street No. 4040 a Greer Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CLARA BELLE CAINE 57

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Theo Caine

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 15 (Day) 1876 (Year)

8. AGE: Years 63 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name Christian Zimmermann
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia O'Dell
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theo Caine.

(b) Address 4040 a Greer Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 3-39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. Kron L & U. Co.

(b) Address 2707 North Grand Bl.

19. (a) NOV 2 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31, year 1939 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from June 26, 1939, to Oct. 31, 1939; that I last saw her alive on Oct. 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Chronic Myocarditis Hypertension & Arteriosclerosis

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration: 8 yrs.

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

23. Signature John A. Hartwig (M. D. or other)

Address 2739 N. Grand Date signed Nov. 1/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Grand

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, above space should be left blank.