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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8075

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 279

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

1. PLACE OF DEATH:

(a) County St. Louis, ~~Mo.~~ Creve Coeur
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [redacted]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (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 Creve Coeur, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 0 #4 Woodshire Lane. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clara Hezel Autenrieth 356
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 Wid
6. (b) Name of husband or wife Chas. Autenrieth,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22, (Day) 1866. (Year)

8. AGE: Years 73 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Belleville, (City, town, or county) Ills. (State or foreign country) 1
10. Usual occupation nul 1
11. Industry or business 6
FATHER
12. Name Morris Hezel, 9
13. Birthplace Germany. (City, town, or county) ? (State or foreign country) 1
MOTHER
14. Maiden name Mary
15. Birthplace unk. (City, town, or county) (State or foreign country)
16. (a) Informant Leland D. Wetzel
(b) Address #4 Woodshire Lane, Creve Coeur
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemty.
18. (a) Signature of funeral director Louis H Bopp
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) FEB 8 - 1940 (Date received local registrar) (b) T R Mayer MA DPN (Registrar's signature) NB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1940 hour 5 a.m. minute 23 a. M.
21. I hereby certify that I attended the deceased from Jan 5, 1940, 19, to Febr. 8, 1940 that I last saw h alive on Febr. 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 95 p2
Major findings:
Of operations
Of autopsy

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 Frank Stern (M. D. or other) M.D.
Address 1185 a Hamilton Date signed Febr. 8, 1940

(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 John M. Meyer, Registered Apprentice No. ..... working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.