

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2611a Arkansas Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 22 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL") 4

(d) Street No. 2611a Arkansas Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clara Saloch

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 Robert Saloch 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 25 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 11 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Frahm

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Meisenbacher

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

16. (a) Informant Robert Saloch

(b) Address 2611a Arkansas Ave.

17. (a) Burial (b) Date thereof May 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden Fun. Home Inc.

(b) Address 1936 St. Louis Ave.

19. (a) MAY 9 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1942 hour 3:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 2 1942 to May 6 1942
that I last saw her or alive on May 6th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes gangrene left foot 6 weeks

Due to Diabetes Mellitus 6 years

Due to _____

Other conditions old rt hemiplegia 6 years
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 61
Of autopsy 11

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? _____

23. Signature Walter Fadel (M. D. or other) D

Address 3720 Washington Bl. Date signed 5-7-42

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

Dr. Walter Zischke

2 - 4:30 P.M.

3720 Wash.

9/12

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.....

State Harness

Registered Apprentice No. *293*

working under my personal supervision.

Signed

Delia J. Krupar

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

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.