

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

33590 ✓
State File No. _____
Registrar's No. 9542

FILED NOV 10 1943 318
Registration District No. _____

Primary Registration District No. _____

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:
0 Firmin Desloge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Clara E. Tacke

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Tacke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Autust 26, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER {
12. Name August Hoffmeister
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Goettleman
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Melba Traub
(b) Address 4109 Haven St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 1 43
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director W. Helderer Had. Co.
(b) Address 3634 Gravois

19. (a) OCT 30 1943 (Date received local registrar) J. F. Brediek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4109 Haven St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-23-38
19 _____ to 10-28 1943
that I last saw her alive on 10-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 24 hrs.

Due to ?
Due to coronary sclerosis

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy W
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John J. Brediek (M.D. or other) md.
Address 3115 S. Edward Date signed 10-27-43

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

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 Robert Wheeler
Licensed Embalmer No. 2178
P. O. Address St Louis mo

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.