. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20814

FILED JUL 9 1946

Registration District No. 1-6.2 Primary Registration District No. 5595 Registrar's No. 26

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL - ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME - ARNOLD Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 18 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County JEFFERSON 50
(c) City or town RURAL. 0
(If outside city or town limits, write "RURAL")
(d) Street No. ARNOLD - Mo. 0
(If rural, give location)
(e) Citizen of foreign country? — NO — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME CLARA DORLAC

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife DECEASED

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

7. Birth date of deceased DECEMBER (Month) 27 (Day) 1863 (Year)

8. AGE: Years 82 Months 6 Days 14 If less than one day — hr. — min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business —

MOTHER FATHER

12. Name MICHAEL SPIESE

13. Birthplace ? (City, town, or county) GERMANY (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. HILDA PETERKIN
(b) Address ARNOLD - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MAXVILLE CATHOLIC CEM.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo.

19. (a) June 12. 46 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1943 to June 11, 1946 that I last saw him alive on 6-11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration

Due to —

Due to —

Other conditions Senility
(Include pregnancy within 3 months of death)

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature O. J. Reich (M. D. or other)
Address Kimmswick Date signed 6/13/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-8-46

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 Elmer Heligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.