No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 7210

Primary Registration District No. 1005

Registrar's No. 2273

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: 5540 Rhodes 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 About 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5540 Rhodes Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA WITT
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 9 (Day) 1906 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 41 | 11 | 24 | hr. min. |

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Jacob Scheef
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mathilda Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Stanley Witt
(b) Address 5540 Rhodes Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1948 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1948 to March 3, 1948
that I last saw her alive on March 3, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Thrombosis | 62 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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 O. D. Meyer O. D. Meyer M.D. (M. D. or other)
Address 6029 S. Kingshighway Date signed Mar 4, 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2274

## 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 Edwin W McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**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.**