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FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38646

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10234

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3429 Keokuk	
3. NAME OF DECEASED a. (First) Clara (Type or Print)		b. (Middle) (Czerny)	
c. (Last) Derleth		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21 1881
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Louis Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Anton Czerny		13b. MOTHER'S MAIDEN NAME? Stechel	14. NAME OF HUSBAND OR WIFE Michael C.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Michael C Derleth
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>generally of carcinomatous</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cardiomyopathy</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION May 19 49		19b. MAJOR FINDINGS OF OPERATION <i>carcinoma of jejunum</i>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis</i>		21d. (COUNTY) <i>Hb</i>	
21e. (STATE) <i>Mo</i>		21f. HOW DID INJURY OCCUR? <i>152X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>mm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE <i>Michael C Derleth</i>		23b. ADDRESS <i>3606 Yarrow Av</i>	
23c. DATE SIGNED <i>11-28-49</i>		23d. (STATE)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov. 29, 49	
24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. NOV 28 1949		REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm Schumacher</i>		ADDRESS <i>3013 Myer Ave</i>	

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

1 - 550.7

Handwritten signature

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 4746

P. O. Address 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.