

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18278
State File No. 4826
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>2139</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5351 Delmar</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clara</u>		b. (Middle) _____		c. (Last) <u>Holtz</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>1</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Jan-15-1873</u>		9. AGE (In years last birthday) <u>77</u> If under 1 year: Months <u>5</u> Days <u>18</u> If under 12 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Work kind of work done during most of working life. Even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William C. Loeffel</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Chas. Holtz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Chelton</u> <u>7351 Delmar</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? <u>581D</u>			
22. I hereby certify that I attended the deceased from <u>12-18-</u> , 19 <u>43</u> to <u>6-1-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-1-</u> , 19 <u>50</u> , and that death occurred at <u>3:40 a.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Louis Chelton, M.D.</u>				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>6-1-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-1-50</u>		24b. DATE <u>6-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 1</u>		REGISTRAR'S SIGNATURE <u>J. B. Coaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wheeler-Harrel-1905 Union</u>			

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

13C

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Albert R Thompson Jr.*

Licensed Embalmer No. *1237*

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.