

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38708
9855

State File No. 1003

BIRTH NO. _____		REG. DIST. NO. 348		PRIMARY REG. DIST. NO. _____		Registrar's 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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		3.11.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnade Word Hosp				d. STREET ADDRESS (If rural, give location) 3409 Mc Kean			
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) _____		c. (Last) Kohler		4. DATE OF DEATH (Month) (Day) (Year) 11-18-1950	
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 28-1873	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR (Months) 8		IF UNDER 24 HRS. (Days) 20		IF UNDER 48 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Plateville Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Theodore Hardnacke			13b. MOTHER'S MAIDEN NAME Clara Koehler			14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary Hardnacke		ADDRESS 3409 McKean	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Intestinal Obstruction (fecal) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exhaustion 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.H			
22. I hereby certify that I attended the deceased from Oct 28 , 19 50 , to Nov 18 , 19 50 , that I last saw the deceased alive on Nov 18 , 19 50 , and that death occurred at 7 A. m., from the causes and on the date stated above.							
23a. SIGNATURE M.D. D. Rew (Degree or title) M.D.				23b. ADDRESS 1446 So Grand		23c. DATE SIGNED 11-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-21-1950		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		24d. LOCATION (City, town, or county) (State) ST, Louis Mo	
DATE REC'D BY LOCAL REG. NOV 20 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S Grand Blvd			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

George J. Ringbom

Licensed Embalmer No. *4611*

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.