

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>St. Louis, County.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings.</u> <u>4147</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5832 Janet Av.</u>		d. STREET ADDRESS (If rural, give location) <u>5832 Janet Av.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>	b. (Middle)	c. (Last) <u>Erting.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>2</u> <u>1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>March 19, 1892</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 24 HOURS Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Henry Anterhaus.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Merz</u>	14. NAME OF HUSBAND OR WIFE <u>Rudolph Erting.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rudolph Erting.</u>	ADDRESS <u>5832 Janet Av</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage (APOPLEXY)</u>		<u>4 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>N at known</u> 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	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 5:02 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel J. Sigest D.O.</u>	23b. ADDRESS <u>P.O. 2, 5738 W. Florissant</u>	23c. DATE SIGNED <u>Jan 4 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/5/51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Koeller</u>	ADDRESS <u>5967 W. Florissant</u>
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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 [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.