S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10095

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2734

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2149
d. STREET ADDRESS (If rural, give location): 4938 Nottingham

14

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): S.
c. (Last): HOEPNER

4. DATE OF DEATH (Month): 3 (Day): 22 (Year): 52

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 12, 1883
9. AGE (In years last birthday): 69 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Leslie, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fritz Toelke
13b. MOTHER'S MAIDEN NAME: Brinkman
14. NAME OF HUSBAND OR WIFE: William Hoepner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: William Hoepner **ADDRESS**: 4938 Nottingham

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: GASTROPHAGEAL STENOSIS — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H-2-00

22. *I hereby certify that I attended the deceased from* 3/13/52, 19__, *to* 3/22, 1952, *that I last saw the deceased alive on* 3/22/52, 19__, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H R Madley
(Degree or title): M.D. 0
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/25/52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Leslie, Mo.

DATE REC'D BY LOCAL REG.: MAR 24 1952
REGISTRAR'S SIGNATURE: J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: L Ziegenhein & Sons **ADDRESS**: 7027 Gravois
(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.