

5. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14751**  
**2067**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b> <b>4161</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cote Brilliante &amp; Semple Ave</b>		d. STREET ADDRESS (If rural, give location) <b>6990 Woodrow Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>---</b> c. (Last) <b>Scheid</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 2 1952</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 9 1869</b>	9. AGE (In years last birthday) <b>82</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. /</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>John H. Sutter</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Pries</b>		14. NAME OF HUSBAND OR WIFE <b>Otto C. Scheid</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gilbert Stemmerman, 6990 Woodrow</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Occlusion</b> <b>Hypertensive Heart Disease</b> DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION <b>Sudden</b> INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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 WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>	

22. I hereby certify that I attended the deceased from **Jan 10 1952** to **Jan 17 1952**, that I last saw the deceased alive on **Jan 10 1952** and that death occurred at **10:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE GROSSKREUTZ (Degree or title) <b>J. H. Grosskreutz, M.D.</b>		23b. ADDRESS <b>3601 Cambridge St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>3/4/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>					

DATE REC'D BY LOCAL REG. <b>MAR 4 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>	
---	--	---	--	--	--

**m 93** (Licensed Embalmer's Statement on Reverse Side)

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

female

Dr. J. A. Grosskreutz,  
3601 Canina Dr.

( )

**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. *24287*

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.