

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14862
3156

State File No.

Registrar's No.

FILED MAY 3-1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4007	
c. LENGTH OF STAY (in this place) I Da.		d. STREET ADDRESS (If rural, give location) 210 Turf Ct.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) CLARA SCHEER TRITTON			4. DATE OF DEATH April 4 1952 (Month) (Day) (Year)		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4th, 1888	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Months	11. IF UNDER 6 HRS. Days	12. IF UNDER 1 MIN. Hours	13. IF UNDER 1 MIN. Min.
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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) Cleveland Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wilhelm Scheer	13b. MOTHER'S MAIDEN NAME Marie Schimellinnig	14. NAME OF HUSBAND OR WIFE Bruce R. Tritton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruce R. Tritton Webster Grove
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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 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriolar nephrosclerosis</u> DUE TO (c) <u>arteriosclerosis + hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic heart disease, AS AI</u>			embrown eyes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION (above) <u>mitral stenosis, aortic stenosis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 7	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>
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22. I hereby certify that I attended the deceased from 28 April, 1950, to 2 April, 1952, that I last saw the deceased alive on 2 April, 1952, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph Edwards MD</u>	23b. ADDRESS <u>13720 Washington Blvd</u>	23c. DATE SIGNED <u>3 April 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5 Apr. 3 1952	24c. NAME OF CEMETERY OR CREMATORY Lake View	24d. LOCATION (City, town, or county) (State) Cleveland Ohio
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 3 1952 <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webster Groves</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 *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Walter Brown* _____

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.