

AUG 11 1952

STANDARD CERTIFICATE OF DEATH

State File No. 26744

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2010</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis Mo</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural: Airport Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>245</u>	
c. LENGTH OF STAY (in this place) <u>9 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				d. STREET ADDRESS (If rural, give location) <u>605 Clara Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH SANATORIUM							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clara</u>		b. (Middle) <u>A.</u>		c. (Last) <u>HALL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Feb. 16, 1886</u>		9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR (Months) (Days) <u>5 11</u>		11. IF UNDER 2 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>				10b. KIND OF BUSINESS OR SERVICE <u>Retail Dept. Store</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Seth Wheaton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Hall</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. Weiss-721 Limit Ave.</u>				17. ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Thrombosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332 X</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and general arterio-sclerosis with previous cerebral thrombosis</u> DUE TO (c)						III. INTERVAL BETWEEN ONSET AND DEATH <u>some many years</u> <u>Sept 14, 1951</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 25, 1951</u> , to <u>July 27, 1952</u> , that I last saw the deceased alive on <u>July 27, 1952</u> , and that death occurred at <u>12:10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Relig. Amore M.D.</u>				23b. ADDRESS <u>Jewish Sanatorium</u> <u>Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>7/27 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Herbert J. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman R. ...</u>		ADDRESS <u>3216 ...</u>	

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

(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 *John Ketter* _____

Licensed Embalmer No. *3880* _____

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.