

No. 300 FILED NOV 12 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36578
Registrar's No. 9493

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2032	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital		d. STREET ADDRESS (If rural, give location) 3 6548 Arsenal St.	

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) E. c. (Last) Kuemerle			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1880	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months Days Hours Mins.
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) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Miller		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE John H. Kuemerle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-01-3540D	
17. INFORMANT'S SIGNATURE OR NAME Irene Kuemerle, 6548 Arsenal St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Arteriosclerosis Heart Disease</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Hypertension</i>	

19a. DATE OF OPERATION O		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) O		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. O		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from *March, 1949*, to *12th Oct, 1952*, that I last saw the deceased alive on, *10 Oct, 1952*, and that death occurred at *8 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W.A. Coateshoff M.D.</i>		23b. ADDRESS <i>63470 Grand</i>		23c. DATE SIGNED <i>14 Oct 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum	
24d. LOCATION (City, town, or county) (State) Lemay, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. Hoffmeister</i>		25. ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.	

DATE REC'D BY LOCAL REG. OCT 14 1952		REGISTRAR'S SIGNATURE <i>W.A. Coateshoff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. Hoffmeister</i>	
				ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. R. Echterhoff
Mo. Theater Bldg.,
2 to 4:00 PM

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.