

No. 300
10-48

FILED Nov 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40950**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2940**

1. PLACE OF DEATH a. COUNTY St. Louis		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) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Clayton	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 8010 Venetian Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8010 Venetian Drive			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) W.		c. (Last) LEMBKE		4. DATE OF DEATH (Month) (Day) (Year) 11-14-52	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-4-1872	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA							

13a. FATHER'S NAME Frank J. Hall		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William Lembke, Sr.	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Lembke, Mascoutah Ill.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) General infirmities of age			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Carcinoma of breast			

19a. DATE OF OPERATION 5/12/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (High) 3:30 p.m.		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 **5/9**, 19**52**, to **11/14**, 19**52**, that I last saw the deceased alive on **11/10**, 19**52**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Jordan M.D.		(Degree or title)		23b. ADDRESS 3909 Olive St.		23c. DATE SIGNED 11/14/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-14-52		24c. NAME OF CEMETERY OR CREMATORY Mascoutah, Ill.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 11-15-52		REGISTRAR'S SIGNATURE Hubert W. Donker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Renner, Belleville, Ill.	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

The Embalmer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Dwight G. Oker*

Licensed Embalmer No. _____

P. O. Address *4104 Main Street*

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.