

No. 300
10. 48

FILED MAR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12790

State File No.

WA 1350
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>683</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (In this place) <u>2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton 4270</u>		d. STREET ADDRESS (If rural, give location) <u>8103 Allen Ave</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8103 Allen Ave</u>				d. STREET ADDRESS (If rural, give location) <u>8103 Allen Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otalla</u>			b. (Middle) _____			c. (Last) <u>Clays</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1953</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>5-18-1870</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>???? Muendler</u>			13b. MOTHER'S MAIDEN NAME <u>Thresa Herwick</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Lawson</u>				ADDRESS <u>4804 Goethe Ave</u>	
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) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES <u>Myo Carditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						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., sea.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 <u>Feb 1</u> , 19 <u>53</u> , to <u>Mar 1</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Mar 1</u> , 19 <u>53</u> and that death occurred at <u>12:25 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. A. Schumacher M.D.</u>				23b. ADDRESS <u>8816 - Charles St</u>		23c. DATE SIGNED <u>Mar 7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>4947 W. Foreissant Ave Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-2-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Damb...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>				
					ADDRESS <u>6409 Gravois Ave</u>				

Handwritten scribbles at the top of the page.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Law M. Seymour

Signed.....
Student Embalmer

Licensed Embalmer No. *4843*

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.