

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40632**
Registrar's No. **10643**

FILED DEC 4-1953

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) OR TOWN St. Louis,		c. CITY OR TOWN Mattese,	
c. LENGTH OF STAY (In this place) 14 days		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 4508 Mattese School Road	

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) M c. (Last) Idecker			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Jan 30, 1899		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME August Idecker		13b. MOTHER'S MAIDEN NAME Mary Brandt		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Idecker, 4508 Mattese School Rd	

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) Sodium Pentothal Anesthesia ANTECEDENT CAUSES while undergoing Cystoscopy at Deaconess Hospital. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. all Nov 9 1953 about 9:55 am DUE TO (b) all Nov 9 1953 about 9:55 am II. OTHER SIGNIFICANT CONDITIONS 9:55 am Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 9 53 9:55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F954X		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:55A** m., from the causes and on the date stated above. **46**

23a. SIGNATURE (Doctor or title) Sarah Idecker		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/53		24c. NAME OF CEMETERY OR CREMATORY St. Pauls	
24d. LOCATION (City, town, or county) (State) Oakville, Mo.					

DATE REC'D BY LOCAL REG. NOV 10 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co, 7420 Michigan Ave.	
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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.....
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Mich*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.