

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6760

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1956

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) <u>14 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Marian Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY  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>3447 Gasconade</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>M.</u> c. (Last) <u>Schaelich</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 27 1954</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>June 24 1876</u>		
<b>9. AGE</b> (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <del>XXXXX</del> <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Mo</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Philip Arand</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Kurten</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph (Deceased)</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Wm. Piskulich</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH   II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>155x</u>	
<b>22. I hereby certify that I attended the deceased from <u>July 1, 1954</u>, to <u>July 27, 1954</u>, that I last saw the deceased alive on <u>July 27, 1954</u>, and that death occurred at <u>8:30 P.M.</u>, from the cause and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <u>W. S. Kyle M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>2752 Cherokee</u>		<b>23c. DATE SIGNED</b> <u>8-2-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>3/3/54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. Schumacher</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 2 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith</u>		<b>ADDRESS</b> <u>3913 Meramec</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS - 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 .....  
Student Embalmer

Signed Jack Haupt  
Licensed Embalmer No. 4746

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.