

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7320

State File No. ....

FILED FEB 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 353

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>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>450 Sappington Barracks Rd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>C</u> c. (Last) <u>Hollocher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 9, 1863</u>
9. AGE (in years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Orleans La.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Leonard Brem</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Hauser</u>	14. NAME OF HUSBAND OR WIFE <u>August Hollocher</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>Walter Hollocher</u> ADDRESS <u>450 Sappington Barracks Rd</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>Acute dilatation of heart</u> ANTECEDENT CAUSES <u>Chronic Cardio-vascular disease</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>2-70</u> , 19 <u>53</u> , to <u>2-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-7</u> , 19 <u>54</u> , and that death occurred at <u>2:25 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bruce D. Weidman M.D.</u> (Degree or title)		23b. ADDRESS <u>75 - Lemay Ferry Rd</u>	23c. DATE SIGNED <u>2-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10 Feb 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-8-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Siegenheim &amp; Sons</u> ADDRESS <u>7027 Gravois</u>	

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. 4FCJ

working under my personal supervision.

Student Donald E. B. [Signature]

Student Embalmer

Signed B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravia

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.