

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31956**  
Registrar's No. **8356**

FILED SEP 26 1956

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6 5267 Terry Avenue 2069</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Evers</b> c. (Last) <b>Clabes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 7 - 1956</b>
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5 - 16 - 1862</b>
9. AGE (In years last birthday) <b>94</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hohenhameln, Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Karl Evers</b>	
13b. MOTHER'S MAIDEN NAME <b>Alvina unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frederick Clabes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lottie openheim</b>		ADDRESS <b>6205 Loran St</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis with failure - senility</b> II. OTHER SIGNIFICANT CONDITIONS <b>Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>422.2</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. 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) (Min.)		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 <b>Jan 19 53</b> to <b>Sept 7 19 56</b> , that I last saw the deceased alive on <b>Sept 7 19 56</b> , and that death occurred at <b>4:45 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>C. E. Williamson M.D.</b>		23b. ADDRESS <b>6336 Clayton Road</b>	
23c. DATE SIGNED <b>9/10/56</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9/11/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	
25. ADDRESS <b>1905 Union Blvd.</b>		DATE REC'D BY LOCAL REG. <b>SEP 10 1956</b>	

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

Dr. O. E. Williamson  
6336 Clayton Road

Sat. 1-5  
Mon. 1-5

---

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 *Albert P. Thompson*.....

Licensed Embalmer No. *4257*.....

P. O. Address *St. Louis*.....

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.