

STANDARD CERTIFICATE OF DEATH

40115

STATE FILE NUMBER

FILED DEC 6 - 1956

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2918

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pine Lawn 4/6/50		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3524 Maywood		Length of stay in 1b years	d. STREET ADDRESS 3524 Maywood (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Clara Linde First Middle Last			4. DATE OF DEATH Nov. 17, 1956 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired saleslady		10b. KIND OF BUSINESS OR INDUSTRY Dry goods	11. BIRTHPLACE (City and state or country) Brooklyn, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Rudolph A. Linde			14. MOTHER'S MAIDEN NAME Anna Fleishmann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-22-0969		17. INFORMANT Address Mrs. Wm. Linde, 3524 Maywood, Pine Lawn	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Degenerating Heart Disease DUE TO (c) Arterio-sclerosis					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-26-52 , to 11-17-56 and last saw her ^{alive} dead on 11-17-56 Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Colon P. Harris (Degree or title)			22b. ADDRESS 6826 Natural Bridge		22c. DATE SIGNED 11-17-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-19-56	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Stock Mortuary, 2117 E. Grand Blvd.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-18-56	26. REGISTRAR'S SIGNATURE Herbert A. Donle MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.; must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Stanley H. Hise*.....

Licensed Embalmer No.....

P. O. Address *St. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.