

FILED DEC 27 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43605

State File No. 11043

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11043

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 ST. LOUIS,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this case) 50 YRS		e. STREET ADDRESS (If rural, give location) 4102 N. GRAND BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) c. (Last) MYERS		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 1, 1956	
5. SEX F-1	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 5, 1895
9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSES AID	10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL
11. BIRTHPLACE (City and State or Foreign Country) CAMPBELL HILL, ILLS.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME HENRY GIESELMAN	13b. MOTHER'S MAIDEN NAME FLORENCE MILLER	14. NAME OF HUSBAND OR WIFE LUTHER MYERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-10-6766	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY GIESELMAN, 4102 N. GRAND BLVD.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 4-12-55 to 12-1-56, 19, that I last saw the deceased alive on 12-1-56, 19, and that death occurred at 7:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE a-L. Marklin M.D. (Degree or title)	23b. ADDRESS 3507 POTOMAC	23c. DATE SIGNED 12-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DECEMBER 4, 1956	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. DEC 3 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BETDERWIEDEN F. H. INC. 1936 ST. LOUIS A VE
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Jan 18 63

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 Delis J. Krissin

Licensed Embalmer No. 349

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.