

No. 300  
10. 28

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44302**

FILED DEC 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2910**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.-STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (In this place) <b>Ab 6 mos.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		c. CITY OR TOWN <b>Unincorporated Area</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>RR#1 Box 800 Maryland Hgt.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>	b. (Middle)	c. (Last) <b>Zweifel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-8-56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18, 1909</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 12 HRS. Days <b>20</b>	IF UNDER 1 MIN. Hours	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Burring</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Burring</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Michael Bradley</b>	13b. MOTHER'S MAIDEN NAME <b>Mabel Phelps</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Zweifel</b>
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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) <b>No</b>	16. SOCIAL SECURITY <b>492-16-8098</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Zweifel</b>	ADDRESS <b>RR#1 Box 800 Maryland Hg</b>
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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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis, generalized</b>		<b>Uncertain</b>
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of breast</b> DUE TO (c) <b>none</b>		<b>Uncertain</b>
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>170X</b>
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 **April 17, 1956** to **Dec 8, 1956**, that I last saw the deceased alive on **Dec 7, 1956**, and that death occurred at **12:40 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. E. G. Schaefer, M.D.</b>	23b. ADDRESS <b>35 N. Central Ave., Clayton, Mo.</b>	23c. DATE SIGNED <b>Dec 10, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/11/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-10-56</b>	REGISTRAR'S SIGNATURE <b>Hebert R. Lamb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. F. Stuart</b>	ADDRESS <b>1225 Union Bl.</b>
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(Licensed Embalmer - Signature on Reverse Side)

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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin F. Kempfer*.....

Licensed Embalmer No. *H.O. 2*

P. O. Address *35-03-01*.....  
*St. Louis 20, Mo.*

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.