

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6182

FILED FEB 26 1957

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1003

STATE FILE NUMBER 1327

Registration District No. Primary Registration District No. Registrar's No.

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, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>			Length of stay in 1b	STREET ADDRESS <b>3990 Meramec St.,</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Clara</b>			First <b>R.</b>	Middle <b>Fleming,</b>	Last
4. DATE OF DEATH <b>February 8, 1957</b>			Month	Day	Year
5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 18, 1892</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home,</b>	11. BIRTHPLACE (City and state or country) <b>Quincy, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Ignatius Hafner,</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Schill,</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. <b>-</b>	17. INFORMANT Address <b>Mrs. Amelia Knight, 3990 Meramec St.,</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Arterio Sclerotic (V.R. Dis)</b> DUE TO (c) <b>Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b>
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.) <b>44-2x</b>			
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1-19-57</b> to <b>2-8-57</b> and last saw her <b>her</b> alive on <b>2-8-57</b> . Death occurred at <b>2:45 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) <b>Charles A Neeter MD</b>			22b. ADDRESS <b>5600 S Compton</b>		22c. DATE SIGNED <b>2-9-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>		23b. DATE <b>2/11/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Gebken-Benz Mortuary, Inc. 2842 Meramec St., St. Louis, 18, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 11 '57</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

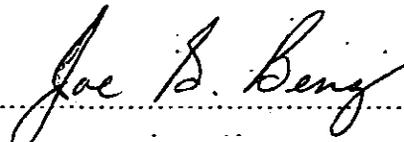
Every entry in Part I must be carefully related. Coroner cannot certify to a death due to natural causes. If the cause of death is not clearly stated, the coroner should be notified. If the symptoms were unusual, the coroner should be notified. If the cause of death is not clearly stated, the coroner should be notified.

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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed:.....



Licensed Embalmer No..... 47

2842 Meramec

P. O. Address St. Louis, Mo.

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.