

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045926

State File No. 12487

FILED JAN 12 1959

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

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 town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 01 HOSPITAL OR INSTITUTION 3623 Ohio Ave #249 3623 Ohio Ave			
3. NAME OF DECEASED (Type or Print) CLARA		4. DATE OF DEATH (Month) (Day) (Year) 12-23-1958	
a. (First)		b. (Middle)	
c. (Last) KOLF			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 10-18-1879
9. AGE (In years by birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Bernard Coffey		13b. MOTHER'S MAIDEN NAME Thresa Brown	
14. NAME OF HUSBAND OR WIFE			
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. 488-07-4437	
17. INFORMANT'S SIGNATURE OR NAME William B. Suller #9		ADDRESS Fox Meadows	
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, athermia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Vascular Hypertension PRECEDENT CAUSES Meribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 444x DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio-sclerosis INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 4/11, 1958, to 10/11, 1958, that I last saw the deceased alive on 10/11, 1958, and that death occurred at 11:30 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Freda Mortensen		23b. ADDRESS 3701 Grandel Sq	
(Degree or title) M.D.		23c. DATE SIGNED 12/26/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-27-1958	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) 66 and McKenzie Rd Mo	
DATE REC'D BY LOCAL REG. DEC 26 58		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Eugene Biss		ADDRESS 6409 Gravois Ave	

Lutheran Hospital - Dr. Martinson - PERMANENT RECORD - Bet 8 and 12 Friday - WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A

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..... *Van M. Sizemore*

Licensed Embalmer No. *434*

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.