

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 13 1959

59-026499

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STATE FILE NUMBER

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)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
Length of stay in 1b		d. STREET ADDRESS <i>5800 Arsenal</i> (If outside, give location)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Frieda</i> Middle <i>Johanna</i> Last <i>Clasen</i>	4. DATE OF DEATH Month <i>Aug</i> Day <i>2</i> Year <i>1959</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 16 1879</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleswoman Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.G.</i>
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13a. FATHER'S NAME <i>Unkn. Schroeder</i>	13b. MOTHER'S MAIDEN NAME <i>Unkn.</i>	14. NAME OF HUSBAND OR WIFE <i>Henry Clasen</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>490-18-9349</i>	17. INFORMANT <i>Eugene Sonnenschein</i> Address <i>530 Ridge Pl. St. L. Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Left Hip</i> DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. REASON HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>Slipped in fall to floor at St. Louis Carriage Hospital</i>
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20c. TIME OF INJURY Hour <i>7</i> a.m. <i>28</i> p.m. <i>1959</i>	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hosp</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1:30 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Lois M. Clark</i> (Degree or title) <i>Deputy</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>8/3/59</i>
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23a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-5-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Trinity Luth. Cem</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co Mo.</i>
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24. FUNERAL DIRECTOR <i>Wm Bro. R. H. 2929 S. Jefferson</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 3 '59</i>	26. REGISTRAR'S SIGNATURE <i>Lois M. Clark</i>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W E Morris*

Licensed Embalmer No. 3360

P. O. Address St Louis

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