

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24650
5919

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2198</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4248 Prairie Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>4248 Prairie Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertha</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Claus</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1950</u>
-------------------------------------	--------------------------	-----------------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 1, 1880</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Gustav Viernow</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Schanz</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Claus</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>488-26-9593</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Mueller, 4248 Prairie Ave.</u>
--	--	--

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, asthma, 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) <u>Ch. Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c)		
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"/>
------------------------	----------------------------------	--

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? <u>H&Z</u>
--	--	---

22. I hereby certify that I attended the deceased from Apr 7, 1947, to July 10, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 4:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. A. Held</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3901 W. Florissant</u>	23c. DATE SIGNED <u>7/10/50</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUL 10 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 N. Grand Bl.</u>
---	--	---

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
Student Embalmer

Signed.....

Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.