

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29383

State File No.

FILED SEP 3- 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7610**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis, Mo.**
 c. LENGTH OF STAY (in this place) **57 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Johns Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **2109**
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
 d. STREET ADDRESS (If rural, give location) **3214 Harper Street**

3. NAME OF DECEASED
 a. (First) **CLARA** b. (Middle) **L.** c. (Last) **DOHRMANN**
 4. DATE OF DEATH **August 8, 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**
 8. DATE OF BIRTH **Jan. 3, 1895** 9. AGE (in years last birthday) **57**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Seamstress**
 10b. KIND OF BUSINESS OR INDUSTRY **Mfctr of Shirts, etc**
 11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**
 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Fred Dohrmann** 13b. MOTHER'S MAIDEN NAME **Frieda Rathert** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **no**
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Walter Kling, 3706 Taft Avenue** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arterio-sclerotic Cordis Vas Rerale**
 DUE TO (c) **My peritension**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days
4 yrs
4 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **442x**

22. I hereby certify that I attended the deceased from **Aug 5**, 19**48** to **Aug 8**, 19**52**, that I last saw the deceased alive on **Aug 7**, 19**52**, and that death occurred at **12:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **C. H. Linsman M.D.** (Degree or title) 23b. ADDRESS **4126 Shrew Ave** 23c. DATE SIGNED **8/8/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug. 11, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 11 1952** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Beiderwieden F. H. Inc., 1936 St. Louis Ave.** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl H. Lindemann
4126a Shreve Avenue,
EW 7140
12 to 3 P. M.

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Max L. Warfel

Signed _____
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.