

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6197**  
**1678**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1678**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5100 Arsenal St.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>CECIL</b> c. (Last) <b>GABRIEL</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 19, 1954</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>July 27, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>68</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 4 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>in home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>DeSoto, Missouri.</b>	
<b>13a. FATHER'S NAME</b> <b>Phillip Schaab</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary M. Ostertag</b>		<b>14. NAME OF HUSBAND OR WIFE</b> -----	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Stephen E. Pfeiffer 5037 Rosa ave.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>few minutes</b>
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral-Vascular Accident</b>		
		<b>ANTECEDENT CAUSES</b>		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	<b>331X</b>

**22. I hereby certify that I attended the deceased from Oct. 1, 1953, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 19, 1954, and that death occurred at 10:33 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>As Heuser M.D.</i>		<b>23b. ADDRESS</b> <b>5400 Arsenal St.</b>		<b>23c. DATE SIGNED</b> <b>2/20/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>Feb. 22, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Watson &amp; McKenzie Road</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 23 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>C. Hoffmeister Colonial Mortuary</b> <b>646 Chippewa St.</b>		

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

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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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*

P. O. Address *7814 S. 1st*

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.