

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **275**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Pasadena Hills</b>		c. LENGTH OF STAY (In this place) <b>5 Yrs</b>	c. CITY OR TOWN <b>Pasadena Hills</b> 417 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7285 Country Club Drive</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>7285 Country Club Drive</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) c. (Last) <b>Neuwald</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug. 5, 1858</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>John Rehberg</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Schulte</b>		14. NAME OF HUSBAND OR WIFE <b>Frank</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William Goeckeler</b>	
				ADDRESS <b>7285 Country Club</b>	

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) <b>Acute cardiac decompensation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			
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) <b>4200</b>
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 **12-16-53** to **1-29-54**, that I last saw the deceased alive on **1-28**, 19**54**, and that death occurred at **1:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G.H. Kilker M.D.</b>		(Degree or title)		23b. ADDRESS <b>3121 Grand</b>		23c. DATE SIGNED <b>1-30-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/1/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-30-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son Inc.</b>		ADDRESS <b>2161 E. Fair Ave</b>	

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed.....  
*How W. Hall*

Licensed Embalmer No. 37

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.**