No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10773

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 574

**1. PLACE OF DEATH**
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Northwoods
c. LENGTH OF STAY (In this place): 13 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6617 Pasadena Blvd., 20,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Northwoods T 150
d. STREET ADDRESS (If rural, give location): 6617 Pasadena Blvd., 20,

**3. NAME OF DECEASED** (Type or Print)
a. (First): CLARA
b. (Middle): A.
c. (Last): KLOCKENBRINK

**4. DATE OF DEATH** (Month) (Day) (Year): March 5th, 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced
**8. DATE OF BIRTH**: April 19th, [redacted]
**9. AGE** (In years last birthday): [redacted] 70 — 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): Retired Saleslady
**10b. KIND OF BUSINESS OR INDUSTRY**: Dept. Store
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Schrage
**13b. MOTHER'S MAIDEN NAME**: Minnie (Unknown)
**14. NAME OF HUSBAND OR WIFE**: Fred Klockenbrink

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Elmer D. Diesel, 6617 Pasadena Blvd., 20,

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

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — Interval between onset and death: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ventricular Fibrillation — 5 days.
DUE TO (c) Hypertension Cardio Vascular disease — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis — 6 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 4201
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Mar 5, 1954, *that I last saw the deceased alive on* Mar 1, 1954, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Carl H Lindemann M.D.
**23b. ADDRESS**: 4176 Laclede Ave
**23c. DATE SIGNED**: Mar 6 1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/8/54
**24c. NAME OF CEMETERY OR CREMATORY**: St. Johns Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.**: 3/6/54
**REGISTRAR'S SIGNATURE**: Herbert R. Sonkens
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri

(Licensed Embalmer's Statement on Reverse Side)

After 12:00 Noon Saturday Sure
EV 7140
Knock on the door and ask for Jane.

File in St. Louis County.

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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 .....
Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.