

10. 300
10. 48

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29433

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1969

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Arbor Terrace		c. CITY OR TOWN Arbor Terrace 4150	
c. LENGTH OF STAY (in this place) 1 Year		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 3826 Lawler Drive		e. STREET ADDRESS (If rural, give location) 3826 Lawler Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Edna	b. (Middle) B	c. (Last) Cline	4. DATE OF DEATH (Month) (Day) (Year) Aug 12 54
-------------------------------------	------------------------	----------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 15 1877	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months	# UNDER 2 YEARS Days	# UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Bolckow Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Chas. E. Schildknecht	13b. MOTHER'S MAIDEN NAME Kate I. Hockett	14. NAME OF HUSBAND OR WIFE Arnon Cline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.G. Hockett 3826 Lawler Dr.

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) Acute myocarditis		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pylorespiratory units		2 yr. 2 m.
	DUE TO (c) Arteriosclerosis		
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) 4221
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **8-2-54** to **8-12-54**, that I last saw the deceased alive on **8-12-54**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Harley (Degree or title)	23b. ADDRESS 6673 Lullian St. St. Louis	23c. DATE SIGNED 8-13-54
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-13-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Maryville Mo
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 8-13-54	REGISTRAR'S SIGNATURE Herbert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
---	--	---

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 *John S. Denner*
Licensed Embalmer No. *712*
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.