

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22304**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1435**

1. PLACE OF DEATH a. COUNTY SAINT 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) OR TOWN KIRKWOOD		c. CITY OR TOWN GLENDALE:	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		e. STREET ADDRESS (If rural, give location) 409 NO. SAPPINGTON ROAD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAINT JOSEPH HOSPITAL:			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA	b. (Middle) CLARK	c. (Last) SCHUMACHER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 21 1865
9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) MONROEVILLE, OHIO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE WASHINGTON CLARK		13b. MOTHER'S MAIDEN NAME H BARTLEY	14. NAME OF HUSBAND OR WIFE JOHN MARTIN SCHUMACHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME MARIETTA SCHUMACHER	ADDRESS 409 NO. SAPPINGTON RD.
--	--------------------------------------	--	---------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **6/7**, 19**56**, to **6/11**, 19**56**, that I last saw the deceased alive on **6/11**, 19**56**, and that death occurred at **5:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Palanzano M.D. (Degree or title)	23b. ADDRESS 206 N. Clay Kirkwood 22Mo.	23c. DATE SIGNED 6/12/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 13/56	24c. NAME OF CEMETERY OR CREMATORY HIRAM CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MISSOURI.		(State)

DATE REC'D BY LOCAL REG. 6-12-56	REGISTRAR'S SIGNATURE Hebe K. Lanke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE G. R. LUPTON & SONS	ADDRESS 7233 DELMAR BLVD.
---	---	---	----------------------------------

WRITE PLAINLY—USING UNFADING 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. *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.