

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 413

|  |                                  |   |  |  |  |   |  |  |
|--|----------------------------------|---|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Kirkwood</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <u>Kirkwood 4673</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>1031 Curran Ave.</u>  |                                  | Length of stay in lb<br><u>12 years</u>   |  | d. STREET<br>ADDRESS <u>1031 Curran Ave.</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Clara</u> Middle <u>Wiedmann</u> Last <u>Spohr</u>  |                                  |   |  | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>12</u> Year <u>1957</u>   |  |   |  |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Oct. 19, 1883</u>   |  | 9. AGE (In years last birthday)<br><u>73</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |
| 13. FATHER'S NAME<br><u>John J. Wiedmann</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Betty Nickerl</u>   |  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> <u>None</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>493-20-5438A</u>  |  | 17. INFORMANT<br>Address<br><u>Wilton Spohr, 1031 Curran Ave.</u>  |  |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary-Thrombosis.</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>4200</u> |                                  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH           |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a. m. _____<br>p. m. _____   |                                  |   |  |  |  |   |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |  |   |  |  |
| 21. I attended the deceased from <u>1952</u> to <u>1956</u> and last saw her <u>her</u> alive on <u>2-9-57</u><br>Death occurred at <u>4:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |  |   |  |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Herman C. Ross M.D.</u>  |                                  |   |  | 22b. ADDRESS<br><u>1695 Brentwood Blvd</u>   |  | 22c. DATE SIGNED<br><u>2-12-57</u>  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  | 23b. DATE<br><u>2/14/57</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Valhalla Crematory</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>  |  |   |  |  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Pfitzinger Mortuary, Kirkwood, Mo.</u>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>2-13-57</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Herbert R. Donahue</u>                                |  |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *[Handwritten Signature]*.....

Licensed Embalmer No. ....

P. O. Address *[Handwritten Address]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.