Health, & Welfare Public Service

. 300 O
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 14420

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3938

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Length of stay in 1b: 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3718a Palm — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Clara Middle: Last: Altmann
4. DATE OF DEATH: Month: April Day: 23 Year: 1957
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept 2, 1883
9. AGE (In years last birthday): 73 — 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): Saleswoman
10b. KIND OF BUSINESS OR INDUSTRY: bakery shop
11. BIRTHPLACE (City and state or country): Germany 4
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hecker
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-20-5989
17. INFORMANT: Martha Cromkhite Address: 5333 Jamieson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 4 days
~~Cerebral hemorrhage~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs. 10 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): May 1, 1940
20f. CITY, TOWN, OR LOCATION: 4-22-57 COUNTY STATE

21. I attended the deceased from May 1- 1940, to April 22 - 57 and last saw her ~~him~~ alive on April 22 - 57
Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. H. Shackelford (Degree or title) M. D. — H H Shackelford M.D.
22b. ADDRESS: 3903 Olive — 3903 Olive
22c. DATE SIGNED: 4-24-57 — Apr 24 57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 4/26/1957
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: J L Ziegenhein & Sons — ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: APR 25 '57
26. REGISTRAR'S SIGNATURE: J Earl Smith MD — mgB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signed Donald E Berry

Signature of Student Embalmer

Licensed Embalmer No. 486

P. O. Address 7077 Gro

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