

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3935

FILED JAN 27 1958

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 38

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 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>Richmond Heights</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>Richmond Heights</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>3714 Warner Avenue</u>   |                                  | Length of stay in lb<br><u>4 yrs.</u>   | d. STREET<br>ADDRESS <u>3714 Warner Avenue</u>   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>CHRISTINE G. CLARK</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>January 6, 1958</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>June 26, 1873</u>   | 9. AGE (In years last birthday)<br><u>84</u> |  |
| 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>Jefferson City, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13. FATHER'S NAME<br><u>Christopher Gundelfinger</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Catherine Dunscomb</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>  |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br>Address<br><u>Catherine Clark, 8714 Warner Avenue</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>unknown natural causes</u>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hr</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |  |  | <u>7954</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |
| 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 _____, to _____ and last saw her/him alive on _____<br>Death occurred at <u>8:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |  |
| 22a. SIGNATURE<br><u>Herbert A. Donke, MD, Local Registrar</u>  |                                  |   | 22b. ADDRESS<br><u>651 S. Brentwood, Clayton, Mo.</u>  |  | 22c. DATE SIGNED<br><u>1/17/58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |                                  | 23b. DATE<br><u>1-8-58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Stock Mortuary, 889 S. Brentwood Bl</u>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Jan 6, 58</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Herbert A. Donke</u>   |

(Licensed Embalmer's Statement on Reverse Side)

Health; Welfare; Public Health Services; 300; 1-56; All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

MEDICAL CERTIFICATION

*L. F. Schenck*  
*1617 B. Cent. Mass. R. Rd.*

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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 ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul A. Wachter*.....

Licensed Embalmer No. *47*

P. O. Address *St Paul*

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.