

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014640
State File No.

2 4086
Registrar's No.

FILED MAY 15 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess</u>				e. STREET ADDRESS (If rural, give location) <u>718 Lilac</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>AUBLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 4, 1875</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Holt</u>				13b. MOTHER'S MAIDEN NAME <u>Emma (unknown)</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Auble, Chicago, Illinois</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal Bronchial Pneumonia</u> DUE TO (c) <u>Fracture of the neck of the Right femur.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>16 days.</u>	
19a. DATE OF OPERATION <u>4/13/59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of the Rt. femur</u>				20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Fell at Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>After Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Webster Groves</u> (COUNTY) <u>Mo.</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY <u>Apr. 10 1959 A.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While starting up basement steps she got dizzy and fell.</u>					
22. I hereby certify that I attended the deceased from <u>Apr. 10 1959</u> to <u>Apr. 26, 1959</u> , that I last saw the deceased alive on <u>Apr. 26, 1959</u> , and that death occurred at <u>8:35 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. McManis</u>				23b. ADDRESS <u>M.D. 0 62336 Clayton Road</u>		23c. DATE SIGNED <u>Apr 27, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>28 Apr 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsboro, Ill.</u>	
DATE REC'D BY LOCAL <u>APR 27 '59</u>		REGISTRAR'S SIGNATURE <u>Paul Smith. M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McBarr</u>		ADDRESS <u>Hillsboro, Ill.</u>	

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

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3W
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. E. Barr*.....

Licensed Embalmer No. 2675.....

P. O. Address Hillsboro.....

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.