

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015660

STATE FILE NUMBER

24254

FILED MAY 14 1959

Registration District No.

Primary Registration District No.

Registration No.

300

-57

7

194

0

UN

All diseases in Part I must be causally related.
Quarrelled! - Don't necessarily write if possible
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Home		d. STREET ADDRESS (If outside, give location) 2609 S. Grand Blv	
3. NAME OF DECEASED (Type or print) First Middle Last CLARA SANDBERG		4. DATE OF DEATH Month Day Year April 29, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County, Missouri
13a. FATHER'S NAME Ernst L. Krause		13b. MOTHER'S MAIDEN NAME Julia Heachen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-12-7324	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sarve hypochromic anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mon.</i>	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Intestinal bleeding</i>		6 mon.	
DUE TO (c) <i>Tumor of ascending colon</i>		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>Edema - old age - 1530</i>		19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED 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		COUNTY STATE	
21. I attended the deceased from <i>Feb. 20/59</i> to <i>April 29/59</i> and last saw her alive on <i>April 28/59</i> Death occurred at <i>10 p.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frances R. Riterie M.D.</i>		22b. ADDRESS <i>5733 Watsonway Dr.</i>	
22c. DATE SIGNED <i>4-30-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-1-1959	
23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. APR 30 59	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

Dr. Frances Ritchie
5233 Waterman Biv'd.
FO 7-5071

The Doctor will call in ref. to time of
Sandberg signing
City Vise

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 *Ronald W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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.