

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036770

FILED VS/ SEP 19 1960

317

Primary Registration District No. 544

Registrar's No. 2618

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood	Length of stay in 1b 14 mo	c. CITY OR TOWN Kirkwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Oaks Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 455 N Clay Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Clara P Albright	First Middle Last	4. DATE OF DEATH Sept 2 1960	Month Day Year
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Kindergarden teacher	11. BIRTHPLACE (City and state or country) Kirkwood Mo.	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Wm Albright	13b. MOTHER'S MAIDEN NAME Elizabeth Hatch	14. NAME OF HUSBAND OR WIFE --
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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.	17. INFORMANT Worford - 447 Catalina	Address Webster Grange
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident	hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Generalized arteriosclerosis
	DUE TO (c)	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **1959** to **Sept 2, 1960** and last saw her **Sept 2, 1960** alive on **Sept 2, 1960**
Death occurred at **7:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Miller MD	(Degree or title)	22b. ADDRESS 135 W. Adams Kirkwood	22c. DATE SIGNED 9-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/6/60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery Kirkwood	23d. LOCATION (City, town, or county) Kirkwood	(State)
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24. FUNERAL DIRECTOR Louisa H Bopp Inc	ADDRESS Kirkwood Mo	25. DATE RECD. BY LOCAL REG. 9-6-60	26. REGISTRAR'S SIGNATURE John B. ...
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. [Signature]

Licensed Embalmer No. 451

P. O. Address Richard

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