

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21100

1. PLACE OF DEATH  
 County Lafayette Registration District No. 460  
 Township Porter Primary Registration District No. 4272  
 City Concord (No. ....) St. .... Ward) .....

2. FULL NAME Louisa Kleischulte  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 30 mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Kleischulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>53</u>	<u>2</u>	<u>17</u>	<u>19</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House-work  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Concordia  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frederic Stoecker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Emma Lange

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Concordia  
 (STATE OR COUNTRY) .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to June 6, 1928, that I last saw h.e.r. alive on June 6, 1928, and that death occurred on the date stated above, at 1:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes Mellitus  
 (duration) unknown yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 57  
 (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Glycosuria, Anuria  
 (Signed) Fredrick B. Spencer, M. D.  
6/7, 1928 (Address) Concord, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Concor Mo DATE OF BURIAL 6/8/28

20. UNDERTAKER Hooper Meinhardt ADDRESS N. Velle Mo

14. INFORMANT Geo. Kleischulte  
 (Address) Concord Mo

15. FILED June 28 1928 Russell P. Porter  
 REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

