. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19012

FILED JUN 9 1942

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1164

96
5
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96

(c) City or town Maplewood, 5
(If outside city or town limits, write "RURAL") 3

(d) Street No. Maplewood, Mo.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LAURA KLEUCKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George M. Kleucker.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 9th, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	22	hr. min.

9. Birthplace St. Louis, (City, town, or county) D Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Wicke.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Mary Reuter.
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant George M. Kleucker.
(b) Address # 83 Vandeventer, Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) JUN 2 - 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st.
year 1942 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from 1927, 19 , to 6-1-, 1942
that I last saw her alive on 3 Pm. 6-1-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chr. Myocarditis & Hypertension	15 yrs
Multiple Sclerosis	6 yrs
Due to General Arteriosclerosis	10 yrs
Chr. Interstitial Nephritis	8 yrs
Due to General Senility	2 yrs
Paralysis Agitans	8 yrs
Other conditions (Include pregnancy within 3 months of death)	
Terminal Hypostatic Pneumonia	3 a
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. Eugene Brown (M.D. or other) M.D.

Address 3903 Olive 419 Wall Bldg St Louis Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1942

DR EUGENE E. BROWN.
#903 Olive
[illegible] to 1 P.M.
[illegible]-5600

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

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 this body is not embalmed, fact should be so stated above.