S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8480

FILED MAR 30 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2718

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 9mos. 23ds. (Specify whether years, months or days)
In this community 82 yrs. 2 mos. 23 ds

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 9 13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2637 Chouteau Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ELISABETH KLEINHENN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 28, (Day) 1860 (Year)

8. AGE: Years 82 Months 2 Days ~~23~~ 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Casper Christoph
13. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Katherine Bullier
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Thelma A. Tingler
(b) Address 5300 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation OLD SSP. & P. CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 LAFAYETTE AV.

19. (a) MAR 22 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19, year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from May 28 1941, 19, to 3-19-43, 19; that I last saw her alive on 3-19-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Broncho Pneumonia onset	3-16-43
Arteriosclerotic Heart	5-28-41X
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	5-28-41X

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

23. Signature Anthony K Busch (M. D. or other)
Address 5300 Arsenal Date signed 3/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

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.