

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15437 /

State File No.

Registrar's No. 961

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

96
300

Registration District No. 17

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County STAYTON - St. Louis

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

(c) Name of hospital or institution ST. MARY HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 DAYS
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR ⁹⁵⁹

(c) City or town FREEBURG ⁰
(If outside city or town limits, write "RURAL")

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

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

If yes, name country..... 2

3. (a) PRINT FULL NAME CATHERINE KLEIN

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from April 10
1943, to April 1943

that I last saw her alive on April 20 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN W. KLEIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 1875
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia ^{10 days}

8. AGE: Years 68 Months Days If less than one day
hr. min.

Due to.....

Due to.....

9. Birthplace BELLEVILLE ILLINOIS
(City, town, or county) (State or foreign country)

Other conditions Hypertension, coronary disease, Cholecystitis, Diabetes
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSE WIFE

11. Industry or business.....

MOTHER FATHER

12. Name NOT KNOWN

13. Birthplace " 9
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN 9

15. Birthplace " 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Cholecyctostomy
Of operations performed 3/31/43

Of autopsy..... 109

16. (a) Informant John H. Klein

(b) Address Freeburg Ill.

17. (a) Removal (b) Date thereof April 20, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREEBURG ILL

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

(a) Accident, suicide, or homicide (specify)..... PO 461

(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?

While at work?..... (Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director John E. Dintel Jr

(b) Address Freeburg Ill.

19. (a) 4-21-43 (b) C. H. Mc...
(Date received local registrar) (Registrar's signature)

23. Signature Thomas C. Purcell (M. D. or other) MD

Address 4660 Maryland Date signed 4/20/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John G. Sirtzel Jr
Licensed Embalmer No. 2914
P. O. Address Freeburg, Ill

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.