

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Ferdinand Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Halls Ferry Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
(Specify whether  
In this community Since Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2900 Harper Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1944 hour 10 minute 30 PM M.  
21. I hereby certify that I attended the deceased from Aug 27 1944 to Oct 5 1944  
that I last saw her alive on Oct 5 1944  
and that death occurred on the day and hour stated above.  
Immediate cause of death Cerebral Hemio Duration \_\_\_\_\_

3. (a) PRINT FULL NAME Emelie A. Kleine

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 Widow

6. (b) Name of husband or wife Edward J. Klein 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 23, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Gottlieb Luettenholder

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

14. Maiden name Katherine Herchenroeder

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

16. (a) Informant Raymond J. W. Kleine

(b) Address 2900 Harper Street

17. (a) Burial (b) Date thereof 10/9/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) E. G. McHarran M.D. (b) \_\_\_\_\_  
(Registrar's signature) (Registrar's signature)

Due to Hyperextension  
Due to 97

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) NO

(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 G

23. Signature J. G. Shaver (M. D. or other)

Address 1932 - Maryland Date signed 10-6-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1/6

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11  
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APR 7 1948

APR 22 1948

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 Herbert H Burnley  
Licensed Embalmer No. 4202  
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.