. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18921
State File No. 5714

FILED JUL 14 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5040 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis 212
(If outside city or town limits, write "RURAL")
(d) Street No. 5040 Cates
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ANN KLIESNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased MAR (Month) 15 (Day) 1863 (Year)

8. AGE: Years 82 Months 3 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY 11 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name FERDNAND KIRCHOFF
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name MARY VATTER
15. Birthplace (City, town, or county) GERMANY 11 (State or foreign country)

16. (a) Informant Mrs Harry Myer
(b) Address 5040 Cates

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute IND

18. (a) Signature of funeral director Cuffy-Kelly
(b) Address 4386 Lindell

19. (a) JUL 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 10 1944 to June 29th 1945 that I last saw her alive on June 29th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration 3

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Clyde E. Lane (M. D. or other) M.D.
Address 7062 Walton Date signed 7-3-45

(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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.