S. No. 2
M—5-43
7. 5-17-39
D I X36671

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

FILED DEC 12 1945

State File No. 38348

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 117

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town "Rural" R.R. 1, Box 144
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Charles Twsp
(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 Missouri (b) County St. Charles
(c) City or town "Rural" St. Charles Township
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1, Box 144
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanche Kline
3. (b) If veteran, name war
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tony Kline
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April (Month) 22 (Day) 1881 (Year)

8. AGE: Years 64 Months 6 Days 29 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business At home
MOTHER FATHER
12. Name John Boyice
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
14. Maiden name Bridge ?
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Tony Kline
(b) Address R.R. 1, Box 144-St. Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo St. Charles, Mo.
18. (a) Signature of funeral director H. A. Dallmeyer & Sons
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) 11-23-1945 (Date received local registrar) (b) Ernest G. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1945 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 2 1944 to Nov 21 1945 that I last saw him alive on Nov 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration
Due to arteriosclerosis —
Diabetes mellitus —
Due to
Other conditions Bronchiectasis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy (0)

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 Vincent A Schneider (M. D. or other)
Address St Charles, Mo Date signed 11/23/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-11-45

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 Philip A Miceli, Registered Apprentice No. 388, working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2451

P. O. Address St Charles 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.