

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25002**
Registrar's No. **6767**

FILED AUG 13 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 3 township)		c. CITY (If outside corporate limits, write RURAL and give township) Wellston		95	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mart Bldg. --1200 Spruce St.				STREET ADDRESS (If rural, give location) No 18 - 1800 Timberlake Ave..			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) H. c. (Last) KLEINERT.			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1949.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Emil B. Kleinert			13b. MOTHER'S MAIDEN NAME Margaret Sessig		14. NAME OF HUSBAND OR WIFE Dora Kleinert Wife		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. #1. 495-12-4251		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Kleinert, 1800 Timberlake Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9420			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:49 A m., from the causes and on the date stated above.							
23a. SIGNATURE Walter Perry Lyberson (Degree or title) 3				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem..		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 4 1949 J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. E. Clark, 1125 Hodiamont Ave..					

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

13/5

CITY CORONER

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. W. Bentley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

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.