

FILED SEP '14 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28239

State File No. 7697

318

1003

7697

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 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 Mo. b. COUNTY 020 | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | | 17 1/2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital | | | | d. STREET ADDRESS (If rural, give location) 17-4429a Lafayette Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) HAZEL KLAUSNER | | a. (First) | | b. (Middle) | | c. (Last) KLAUSNER | |
| 4. DATE OF DEATH Sept. 5, 1949 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Aug. 22, 1904 | | 9. AGE (In years last birthday) 45 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 11. BIRTHPLACE (State or foreign country) Flat River, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Obie Asbridge | | 13b. MOTHER'S MAIDEN NAME Minnie Hubbard | | 14. NAME OF HUSBAND OR WIFE Roy Klausner | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Roy Klausner 4429a Lafayette 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES due to Carcinoma of the Ovary Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with multiple Metastases DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS General Paresis Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Hwy 193X | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from Aug 1, 1949, to Sept. 5, 1949, that I last saw the deceased alive on Sept. 5, 1949, and that death occurred at 9:10 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. Lowry Brown, M.D. | | (Degree or title) | | 23b. ADDRESS 5400 Arsenal St. | | 23c. DATE SIGNED 9/5/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sep't. 7, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL HEALTH DEPT. SEP 6 1949 | | REGISTRAR'S SIGNATURE J. B. Scales | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl. | | | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin M. Bennett* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.