

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3295

State File No. _____

4205

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 3069 Registrar's No. 91

1. PLACE OF DEATH Richmond Heights
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY ST LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
CITY OR TOWN RICHMOND HEIGHTS 4 WKS.

d. CITY (If outside corporate limits, write RURAL and give township) e. CITY OR TOWN RICH HTS MO 4110

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

d. STREET ADDRESS (If rural, give location)
1100 BELLEVUE AVE

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last)
(Type or Print) Sister Mary Armella (Carolina Klieemann)

4. DATE OF DEATH (Month) (Day) (Year)
12-10-1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
Mar. 27, 1873

9. AGE (In years) (Months) (Days) (Hours) (Min.)
76 9 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nurse (retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
St. Charles, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Fred Klieemann

13b. MOTHER'S MAIDEN NAME
Angela Meyer

14. NAME OF HUSBAND OR WIFE

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 ADDRESS
Sister Mary Servatia, S.S.M.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism
ANTECEDENT CAUSES
DUE TO (b) Auricular fibrillation
DUE TO (c) or Phlebotrombosis of leg veins
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
14
463X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
463X

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
No

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-50, 19 50, to Jan. 10, 19 50, that I last saw the deceased alive on Jan. 10, 19 50, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
James B. Stubbs, M.D.

23b. ADDRESS
1325 S. Grand St. Louis

23c. DATE SIGNED
1-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JAN 13-1950

24c. NAME OF CEMETERY OR CREMATORY
OLD ST PETER + PAUL

24d. LOCATION (City, town, or county) (State)
ST LOUIS MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
1-11-50 Herbert S. Monda, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Chas. J. ... 6536 Clayton Rd

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John Binkley

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.