

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5863

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BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Charles Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Charles Township 6920	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #3		d. STREET ADDRESS (If rural, give location) R.R. #3	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Klatte			4. DATE OF DEATH (Month) (Day) (Year) January 31, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 28, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 86
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Mueller		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Fred Klatte
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Klatte St. Charles, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation today			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Cor. Myocarditis 5 yrs			
DUE TO (c) Gen arterio sclerosis 10 yrs			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 1/2 21
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. 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 Jan 20 th , 1950, to Jan 31 st , 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 2:05 P.M., from the causes and on the date stated above.			
23a. SIGNATURE A P Erich Schuch M.D. (Degree or title)		23b. ADDRESS St Charles Mo.	
23c. DATE SIGNED 2/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3, 1950	
24c. NAME OF CEMETERY OR CREMATORY Trinity Luth. Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.	
DATE REC'D BY LOCAL REG. 2/8/50		REGISTRAR'S SIGNATURE Francis H. Hunsicker 284	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Haekmann-Bauer, Inc, St Charles, Mo.			

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

District File Number
District Hospital Order No. B
RECEIVED FEB 15 1950

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 *Arthur C. Buse*

Licensed Embalmer No. *3155*

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.