

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10680

FILED MAR 16 1950

State File No.

318

2125

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|--|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>69</u> | | c. CITY OR TOWN <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Johns Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5063a Highland Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>F.</u> c. (Last) <u>Klenk</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1950</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>November 20, 1864</u> | | 9. AGE (In years last birthday) <u>85</u> | 10. UNDER 1 YEAR Months _____ | 11. UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tailor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Tailor</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | |
| 13a. FATHER'S NAME <u>George Klenk</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Klenk</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>498-09-5132</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George M. Klenk 5063a Highland</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | 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., to or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>4200</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>1st</u> , 19 <u>50</u> , to <u>2</u> <u>March</u> 19 <u>50</u> , that I last saw the deceased alive on <u>2</u> <u>March</u> 19 <u>50</u> , and that death occurred at <u>1:15</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. H. Catyard M.D.</u> | | | | 23b. ADDRESS <u>2715 Clifton Ave</u> | | 23c. DATE SIGNED <u>3 March 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>3/6/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Vahalla Crematory</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Mar 6</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hudmeyer & Sons 2924 N. 20</u> | | | |

