

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31765

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7983**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**
c. LENGTH OF STAY (In this place) **32 DAYS**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **BARNARD FREE SKIN & CANCER HOSP.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **JEFFERSON**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **DE SOTO**
d. STREET ADDRESS (If rural, give location) **701 S. THIRD STREET**

3. NAME OF DECEASED
a. (First) **VERL** b. (Middle) **IRENE** c. (Last) **KLEY**
4. DATE OF DEATH (Month) (Day) (Year) **9 - 20 - 50**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **11-12-1924** 9. AGE (In years last birthday) **25** IF UNDER 1 YEAR Days **10** Hours **8** IF UNDER 1 MRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **FINIS BROWN** 13b. MOTHER'S MAIDEN NAME **IONA WHITWORTH** 14. NAME OF HUSBAND OR WIFE **LESTER W. KLEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **492-20-0478** 17. INFORMANT'S SIGNATURE OR NAME **HOSPITAL RECORD - 3427 WASHINGTON AVE.** ADDRESS _____

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) **Acute Myocardial Infarction**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **None**
DUE TO (c) **None**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None
INTERVAL BETWEEN ONSET AND DEATH **8 months**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **7054**

22. I hereby certify that I attended the deceased from **20 March 1950**, to **20 Sept 1950** that I last saw the deceased alive on **20 Sept 1950**, and that death occurred at **4:57 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James C. Sisk, M.D.** (Degree or title) _____ 23b. ADDRESS **3427 Washington** 23c. DATE SIGNED **9-20-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/23/50** 24c. NAME OF CEMETERY OR CREMATORY **BURGESS Cem** 24d. LOCATION (City, town, or county) (State) **Antonia, Mo**

DATE REC'D BY LOCAL REG. **SEP 21 1950** REGISTRAR'S SIGNATURE **J.B. Luster** 25. FUNERAL DIRECTOR'S SIGNATURE **Brimmer House Springs, Mo** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

2009
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.....
Student Embalmer

Signed *J Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 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.