

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10642**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2167 E. Warne Ave.</b>		STREET ADDRESS (If rural, give location) <b>2167 E. Warne Ave.</b>	
3. NAME OF DECEASED a. (First) <b>Pearl</b> (Type or Print) b. (Middle) c. (Last) <b>Klanke</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 11, 1950.</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 11, 1887</b>
9. AGE (In years last birthday) <b>63</b>		10. MONTHS <b>0</b>	11. DAYS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Raymondville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John D. Matthews</b>	
13b. MOTHER'S MAIDEN NAME <b>Millie A. Holt</b>		14. NAME OF HUSBAND OR WIFE <b>John E. Klanke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. John E. Klanke</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>Lympho-Sarcoma Generalized-Neck- Chest-Abd- Inguinal-Space-bothlegs-2 Yrs/ Sec: Anas-<del>chest</del>-Abd-legs-<del>chest</del> inanition-toxemia Surg: paracentesis-bothlegs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <b>2 Yrs/ 1-Yr.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>inanition-toxemia</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., 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2001</b>	
22. I hereby certify that I attended the deceased from <b>11-11-49</b> , to <b>12-11-50</b> , that I last saw the deceased alive on <b>12-11-50</b> , and that death occurred at <b>10:45am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John B. Piernen</b> TIERNEN (Degree or title)		23b. ADDRESS <b>3734 - Jennings Rd.</b>	23c. DATE SIGNED <b>12-12-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>12-14-50.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zions Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>DEC 13 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Piernen</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>	
		ADDRESS <b>2161 E. Fair Ave.</b>	

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

JAN 3 1957

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 Homer W. Dantz

Licensed Embalmer No. 3882

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.