

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 553

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 47 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced dead at City Hos.				d. STREET ADDRESS (If rural, give location) 3611 Lafayette Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) _____		c. (Last) Kiehl		4. DATE OF DEATH (Month) (Day) (Year) 1-16-51	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 11 1875		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Stenographer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Reading, Penna?		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Louis Kiehl			13b. MOTHER'S MAIDEN NAME Unknown		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 Rev. Leland C. Ogan, 3740 Bamberger			
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) <i>Hemorrhage, Multiple Fractures</i>  ANTECEDENT CAUSES <i>suppurated when struck by auto</i> <i>fallen by one August 9, 1945</i> <i>Hulleroid at intersection of Grand &amp; Chouteau, about 1:45pm</i>  II. OTHER SIGNIFICANT CONDITIONS <i>Jan 16 1951</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>000 Accident</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 16 51 10:45 p. m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E 81 24</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>0:45 P.M.</i> , from the causes and on the date stated above. <i>26</i>							
23a. SIGNATURE (Degree or title) <i>Walter H. Brown, M.D., Coron.</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1/18/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 19 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Paul Churchyard</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, County</i>		
DATE REC'D BY LOCAL REG. <i>JAN 19 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. L. Lator</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>BEIDERWITZEN F.H. INC., 1936 St. Louis Ave</i>			

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

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*mil*

**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 Max L. Warpel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

**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.