

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 2680
2079

FILED JAN 19 1951

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 76 yrs 9 mos		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmery Hospital				d. STREET ADDRESS (If rural, give location) 2901 Henrietta St.			
3. NAME OF DECEASED a. (First) Oscar		b. (Middle) Nicholas		c. (Last) Klippert		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1951.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH MARCH-23-1874	
9. AGE (In years last birthday) 76 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nik		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nik				11. BIRTHPLACE (State or foreign country) EVANSVILLE INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NICHOLAS KLIPPERT		13b. MOTHER'S MAIDEN NAME KATHERINE IVE		14. NAME OF HUSBAND OR WIFE MYRA Klippert			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ms Myra Klippert 2901 Henrietta St			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelonephritis							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X			
22. I hereby certify that I attended the deceased from Sept. 15, 1950 , to Jan. 8, 1951 , that I last saw the deceased alive on Jan. 8, 1951 , and that death occurred at 9:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE George M. Janaka, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal Street		23c. DATE SIGNED 1/8/1951.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-9-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis MO.	
24e. REGISTRAR'S SIGNATURE J. B. Laster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurr 3125 Lafayette av			

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

Joseph Ballman

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette St*

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.