S. No. 300
v. 10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

REC'D MAR 2 1951

State File No. 6311

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1482

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4375 Maryland

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 4375 Maryland

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Klingele

**4. DATE OF DEATH** (Month) (Day) (Year): February 12, 1951.

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widow
**8. DATE OF BIRTH**: February 6, 1861
**9. AGE** (In years last birthday): 90 — 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): Homemaker
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Mrs. Elsie Anthes Germany
**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: William Walters
**13b. MOTHER'S MAIDEN NAME**: Monica Phlum
**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):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** — **ADDRESS**: Mrs. Elsie Anthes 4375 Maryland

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) Chronic Myocarditis — 6 mos

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**: None
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): No
**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?**: HHX

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): A. G. Kiendonek M.D.
**23b. ADDRESS**: 4390 W. Pine Blvd
**23c. DATE SIGNED**: 2-13-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-15-51.
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: FEB 14 1951
REGISTRAR'S SIGNATURE: J. B. Parsler

**25. FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Homer W. Dietz

Signed.....
Student Embalmer

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.