

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6312

1412

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1412</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2073	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8810 N Broadway</u>				STREET ADDRESS (If rural, give location) <u>8810 N. Broadway</u>			
3. NAME OF DECEASED (Type or Print) <u>Louise K Klocke</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10th, 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Sep 13th 1873</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Co</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>George Klocke</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Hunning</u>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Sophia Klocke, 8810 N Broadway</u>			
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) <u>Chronic Lymphatic Leukemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiovascular</u> DUE TO (c) <u>renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>4 yrs.</u>
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? <u>HH2X</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>48</u> , to <u>2-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>51</u> , and that death occurred at <u>1:10 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. ... MD.</u> (Degree or title)				23b. ADDRESS <u>8212 E N Broadway</u>		23c. DATE SIGNED <u>2-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Luthern Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich F. Home, 8319 Hallsferry</u>			

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. W. Bankley

Licensed Embalmer No. *365 B*

P. O. Address.....

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.