

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 10295
Registrar's No. 2122

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant	
c. LENGTH OF STAY (in this place) 5 days		4051	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) Route # 3 Box 275	

3. NAME OF DECEASED (Type or Print) a. (First) Adolph	b. (Middle) F.	c. (Last) Klausmeyer	4. DATE OF DEATH (Month) (Day) (Year) March 4, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farming	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Black Jack, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Fred Klausmeyer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carrie F. Klausmeyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Carrie M. Klausmeyer	ADDRESS Florissant Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 2-20-51
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarct of brain & thrombosis at middle cerebral artery.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old myocardial		1945 1948	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? 332x YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from **8-8-1944**, to **3-4-1951**, that I last saw the deceased alive on **3-4-1951**, and that death occurred at **4 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Johnson M.D.	23b. ADDRESS Ferguson Mo	23c. DATE SIGNED 3/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/6/51	24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.	24d. LOCATION (City, town, or county) (State) Black Jack, Mo.
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DATE REC'D BY LOCAL REG. MAR 6 1951	REGISTRAR'S SIGNATURE J B Lantz	25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.	ADDRESS
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *L. M. White*

Licensed Embalmer No. *3972*

P. O. Address *Jersey, Ill.*

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.