

No. 300
10. 88

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29113

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2980

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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>Afton 23, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		6. STREET ADDRESS (If rural, give location) <u>3630 Flad Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) _____ c. (Last) <u>Klein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 13 1887</u>		9. AGE (In years last birthday) <u>63</u> 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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Adolph Meier</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmenia Gehring</u>		14. NAME OF HUSBAND OR WIFE <u>Ray L. Klein</u>	
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 <u>Minette Lauer 3024a S. Jefferson</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (c) _____			
		<u>Chronic Arteriosclerosis</u>		<u>1 Yr.</u>	

19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Feb. 27, 1951 to Aug. 23, 1951, that I last saw the deceased alive on Aug. 20, 1951, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Matten</u> (Degree or title) _____		23b. ADDRESS <u>3608 S. Grand Blvd.</u>		23c. DATE SIGNED <u>8/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>	

DATE REC'D BY LOCAL REG. <u>8-24-51</u>		REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meick Bros. 2201 S. Grand Blvd</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

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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 Ronald D. Yahnke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.