

No. 300
10. 48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29114

Reg.# 94519

State File No.

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2871

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 62 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 2916 Union Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) J. c. (Last) KLOTH			4. DATE OF DEATH (Month) (Day) (Year) 8-8-51		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH 3-28-16	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Kloth		13b. MOTHER'S MAIDEN NAME Loretta Shepard		14. NAME OF HUSBAND OR WIFE H. Beverly Kloth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 434-14-7407		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKs, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTRO-INTESTINAL HEMORRHAGE		2 mos
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) ESOPHAGEAL VARICES DUE TO (c) LAENNEC'S CIRRHOSIS		2 mos 1 year
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-7-51**, 19**51**, to **8-8-51**, 19**51**, that I was the attending physician, and that death occurred at **5:55A** m., from the causes and on the date stated above.

23a. SIGNATURE E.C. O'BRIEN, M.D. (Degree or title)		23b. ADDRESS VA HOSPITAL, JEFF. BKs, MO.		23c. DATE SIGNED 8-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10-51	24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. 8-9-51	REGISTRAR'S SIGNATURE Robert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U&L COMPANY, St. Louis, Mo.			

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

Lenius C. Hoffmeister

Licensed Embalmer No. 3821

P. O. Address. 7814 S. Broadway

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.