No. 300
10.48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36042

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 72

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1. PLACE OF DEATH
a. COUNTY: Ste. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - DeRuvais Twp
c. LENGTH OF STAY (in this place): 79 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): River Aux Vases

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - DeRuvais Twp 1950
d. STREET ADDRESS (If rural, give location): River Aux Vases

3. NAME OF DECEASED (Type or Print)
a. (First): JUSTINE
b. (Middle): B
c. (Last): KLEIN

4. DATE OF DEATH (Month) (Day) (Year): Oct 27 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 8, 1872
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): River Aux Vases, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Philip Joggerst
13b. MOTHER'S MAIDEN NAME: Caroline Graff
14. NAME OF HUSBAND OR WIFE: William J. Klein Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Edward P. Klein
ADDRESS: Ste. Genevieve, Mo

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c)

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
4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 24, 1951, *to* Oct. 27, 1951, *that I last saw the deceased alive on* Oct 27, 1951, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Lemming
(Degree or title) M.D.
23b. ADDRESS Ste. Genevieve Mo
23c. DATE SIGNED 10/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 30, 1951
24c. NAME OF CEMETERY OR CREMATORY: S.S. Philip & James
24d. LOCATION (City, town, or county) (State): River Aux Vases Mo

DATE REC'D BY LOCAL REG.: Oct 30, 1951
REGISTRAR'S SIGNATURE: Teresa M. Karl-Hepp
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25. FUNERAL DIRECTOR'S SIGNATURE: Jerome H. Staab
ADDRESS: Ste. Genevieve, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV - 1 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

JUL 1 5 1954

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 Jerome H Stanton

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.