

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39260

State File No. _____

FILED DEC 1 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1009 Registrar's No. 10438

1. PLACE OF DEATH a. COUNTY		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 ST. LOUIS,		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		2. STREET ADDRESS (If rural, give location) 1518 DESTREHAN ST.	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) P. c. (Last) KLEMENT		4. DATE OF DEATH (Month) (Day) (Year) 11-22-51	
5. SEX MALE ()	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/17/1884
9. AGE (in years less birthday) 67		10. BIRTHPLACE (State or foreign country) ST. LOUIS MO. 0	11. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOVE MOUNTER		10b. KIND OF BUSINESS OR INDUSTRY MAJESTIC STOVE	
13a. FATHER'S NAME FRED KLEMENT		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE CLARA KLEMENT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. #313-03-4535		17. INFORMANT'S SIGNATURE OR NAME CLARA KLEMENT 1518 DESTREHAN ST.	
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) <i>Folded and Sicca Tuberculosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>ROIX</i>		22. I hereby certify that I attended the deceased from <i>10-16, 1951</i> , to <i>11-22, 1951</i> , that I last saw the deceased alive on <i>10-16, 1951</i> , and that death occurred at <i>3:45 P.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>John C. Murphy M.D.</i>		23b. ADDRESS <i>3720 Washington Blvd</i>	
23c. DATE SIGNED <i>11-23-51</i>		24a. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO.</i>	
24b. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24c. DATE <i>11/24/51</i>	
24d. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>STROOT - CARROLL</i>	
DATE REC'D BY LOCAL REG. <i>NOV 24 1951</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>4600 NAT'L BRIDGE</i>	

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

St. Louis, 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.