

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48
FILED JAN 16 1952

State File No. **43088**
11738
Registrar's No. **11738**

BIRTH MO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY		e. STREET ADDRESS (If rural, give location) 1213 Wright St.,	
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) _____ c. (Last) KLEINSORG			4. DATE OF DEATH (Month) (Day) (Year) 12 29 51
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) WIDOWER	8. DATE OF BIRTH Nov. 9, 1874
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) GERMANY 4
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME FRED KLEINSORG	13b. MOTHER'S MAIDEN NAME JULIA BRANDT
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME CITY INFIRMARY RECORDS,		ADDRESS 5800 ARSENAL 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular damage</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input 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? 3rd floor		22. I hereby certify that I attended the deceased from 12-28-51 , 19____, to _____, 19____, that I last saw the deceased alive on 12-28-51 , 19____, and that death occurred at 1:10 A.M. from the causes and on the date stated above.	
23a. SIGNATURE Palmer Duane Bowler M.D. (Degree or title)		23b. ADDRESS _____	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial in	24b. DATE 1-2-1952	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 2 1952		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.	

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
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.