

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44182

FILED FEB 8 1952

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State File No. 11607

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Concord Village</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1951</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>9918 Juengel Drive</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) <b>***</b>		c. (Last) <b>KLEMP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1951</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 8, 1879</b>			
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Jacob Jacobs</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Philip Klemm</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Karl Winkelmann</b>				ADDRESS <b>9918 Juengel Dr.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Melanotic carcinoma</b> <b>Generalized. Primary of breast</b> DUE TO (b) <b>breast</b> DUE TO (c) <b>Leukemia Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>12 mos</b> <b>10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (m.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170X</b>							
22. I hereby certify that I attended the deceased from <b>8/20</b> , 19 <b>49</b> , to <b>12/26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>12/26</b> , 19 <b>51</b> , and that death occurred at <b>8:05A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Michael L. Bailewick M.D.</b>				23b. ADDRESS <b>7629 So. Broadway</b>			23c. DATE SIGNED <b>12/27/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>1215 Lemay Ferry Road</b>			
DATE REC'D BY LOCAL REG. <b>DEC 29 1951</b>		REGISTRAR'S SIGNATURE <b>E. Hoffmeister</b>			25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>C. Hoffmeister U. &amp; L. Co. 7814 So. Broadway, St. Louis, Mo.</b>				

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 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.