

FILED MAR 10 1952 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 31

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Washington Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) Warrenton, Mo. | |
| c. LENGTH OF STAY (in this place) 10 days | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) Annie Kloppenberg | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1952 | | |
| a. (First) | b. (Middle) | c. (Last) | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months 2 | IF UNDER 11 HRS. Days 29 Hours 29 Min. |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 2, 1897 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Case, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Matthews Kluppel Sr. | | 13b. MOTHER'S MAIDEN NAME Johanna Krattler | | 14. NAME OF HUSBAND OR WIFE Aug. Kloppenberg | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME Marvin Beckman ADDRESS St. Louis, Mo. | |

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia related Hypertension | | INTERVAL BETWEEN ONSET AND DEATH 10 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Cerebral embolism | | 15 days | |
| | | DUE TO (c) Epilepsy several times when | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 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? | |

22. I hereby certify that I attended the deceased from Feb 14, 1952 to March 1, 1952, that I last saw the deceased alive on Feb 29, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Donald D. Melcher M.D. (Degree or title) | | 23b. ADDRESS Warrenton, Mo. | | 23c. DATE SIGNED 3-1-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE March 1/52 | | 24c. NAME OF CEMETERY OR CREMATORY St. George's | |
| | | 24d. LOCATION (City, town, or county) (State) Hermann, Gasconade Mo. | | | |

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| DATE REC'D BY LOCAL REG. Mar 1, 1952 | | REGISTRAR'S SIGNATURE F.P. Schumann by L.P. Schumann | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hermann, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Signed.....
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.