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STANDARD CERTIFICATE OF DEATH

State File No. 15186

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1169

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin	
c. LENGTH OF STAY (In this place) 24 days		4770	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home		d. STREET ADDRESS (If rural, give location) Highway 50	

3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) c. (Last) Klinger			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23, 1876	9. AGE (In years) 75	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 Own home	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Fred Potthast		13b. MOTHER'S MAIDEN NAME Sophia Koewing		14. NAME OF HUSBAND OR WIFE Christ Klinger	
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 Fred Potthast, Ballwin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Acute cardiac dilatation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO, (b) <i>Chronic myocarditis</i> rise to the above cause (a) stating the underlying cause last. 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 <i>4rvv</i>		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)	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 *10-1*, 1952, to *5/1*, 1952, that I last saw the deceased alive on *4/26*, 1952, and that death occurred at *4:40A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. Sheslienski</i> (Degree or title)	23b. ADDRESS <i>Ballwin, Mo.</i>	23c. DATE SIGNED <i>5/1/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>May 3, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY St. John's Lutheran	24d. LOCATION (City, town, or county) (State) Ellisville, Mo.
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DATE REC'D BY LOCAL REG. <i>5-3-52</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Schrader Funeral Home</i>	ADDRESS Ballwin, Mo.
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SW (Licensed Embalmer's Statement on Reverse Side)

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.....

*Geo. Schrader*

Signed.....

Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.