

FILED JUN 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21631  
Registrar's No. 23

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 6042

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Melle</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Melle</b>	
c. LENGTH OF STAY (in this place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>U</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<b>Anna Maria Catharina Klausmeier</b>			<b>June</b>	<b>11</b>	<b>1952</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>May 5, 1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Friedrich Hensiek</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Maria Weinrich</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs John Schemmer</b>	ADDRESS <b>New Melle, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>			<b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b>			<b>4 YRS</b> <b>4 YRS</b>
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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **JUNE 7, 1952** to **JUNE 11, 1952**, that I last saw the deceased alive on **JUNE 10, 1952** and that death occurred at **7 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W E Borgesen</b> (Degree or title)	23b. ADDRESS <b>D. Wentzville Mo</b>	23c. DATE SIGNED <b>6-14-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/15, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Melle, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 16/52</b>	REGISTRAR'S SIGNATURE <b>Martha J. Jeff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Muschany</b>	ADDRESS <b>Wentzville, Mo</b>
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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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.